GI	-6	4	2 2501	
BIRTH	NO.	3 3	COUL	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

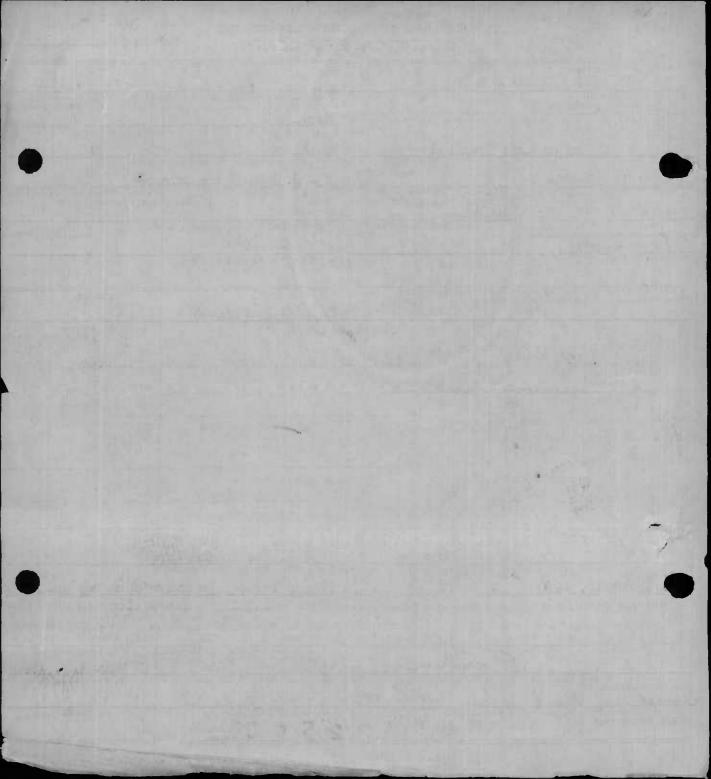
50 2501 Registered No.\_\_

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MARY	ORALSKI			2. DATE OF March	16, 1950
3. PLACE OF DEATH: A. Baltimore City, Marylan			4. USUAL RESIDENCE (V		nstitution : residence before admission
HOSPITAL OR INSTITUTION		tion, give street address or location)	C. CITY OR TOWN (If	outside corporate limits	, write RURAL and gi
Johns Ho	okins Hospi		Baltimore		/
		Yrs. Mos.	o. STREET ADDRESS (If		Military
5. SEX 6. COLOR OF		Days E. MARRIED.	237 S. Washingt		Under 1 Year   If Under 24 Hou
female   white	Willow	VED, DIVORCED (Specify)	C. DATE OF BIRTH	last birthday) Mor	onths Days Hours Mir
10A. USUAL OCCUPATION (Giv. work done during most of working life, even if	kindof 108, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	}
15. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL	17. INFORMANT	A.F.	DDRESS
(Yes, no or unknown) (If yes, give was	or dates of service)	SECURITY NO.	James Harls		DICESS
DISEASE OR CONDITION  (This does not mean the heart failure, asthenia, etc. injury or complication was an example of the complex of the compl	DEATH mode of dying. e.; It means the diseas hich caused death CAUSES  DNS. IF ANY, GIVING E (A) STATING TI	96, 1.) FUE TO (B)	ia due to carbon n	nonoxide pois	oning
	. BUT NOT RELATE	ED			
TO THE DISEASE OR CON 19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
O CAUSE OF DEATH.  210. TIME (Month) (Day)	ING about home,	ACE OF INJURY (e.g., inform, factory, street, office bldg., on home 21E. INJURY OCCURRI	237 S. Washing		ive exact location)
March 16, 1950	? m. 1	NOT WHILE	Three burners	on stove open	but unli
the evidence obtaine	d by said Auto	opsy, Inspection or I	bove, held an Inquiry Autopsy, Inquiry, find that said de Compared to the service  23B. CHIEF MEDICAL E ASSISTANT MEDICAL	Inspection or Inquiry recased died on the	day stated abov
24A. BURIAL. CREMA- 248. D.	ATE /	24c. NAME OF CEMETE	D. MEDICAL INVESTIGAT	OR I Ma	erch 17, 1950 or county) (State)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

VS 151 1-9680



BALTIMORE CITY HEALTH DEPARTMENT 2502 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before/admission) A. Baltimore City, Maryland 2926 A STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done doing most of working life, even if retired) 1. BIRTUPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTR Neliver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. oo or unkoown) (If yes, give war or dates of service) SOCIAL ADDRESS/ (Yes, oo or unkoown) SECURITY NO ON INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 3 day LEADING TO DEATH oronan (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING ny pertensio RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

21F, HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) FINJURY

NOT WHILE WORK

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

24B. DATE

hely 1 pt 1947 to Moth 17, 195 4 that I last saw the man 19 1950, and that death occurred at JA. m., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE

23c. DATE SIGNED ne wel. 17 1/2

24A. BURIAL, CREMA-TION, REMOVAL (Specify) runil

24C, NAME OF CEMETERY OR CREMATORY

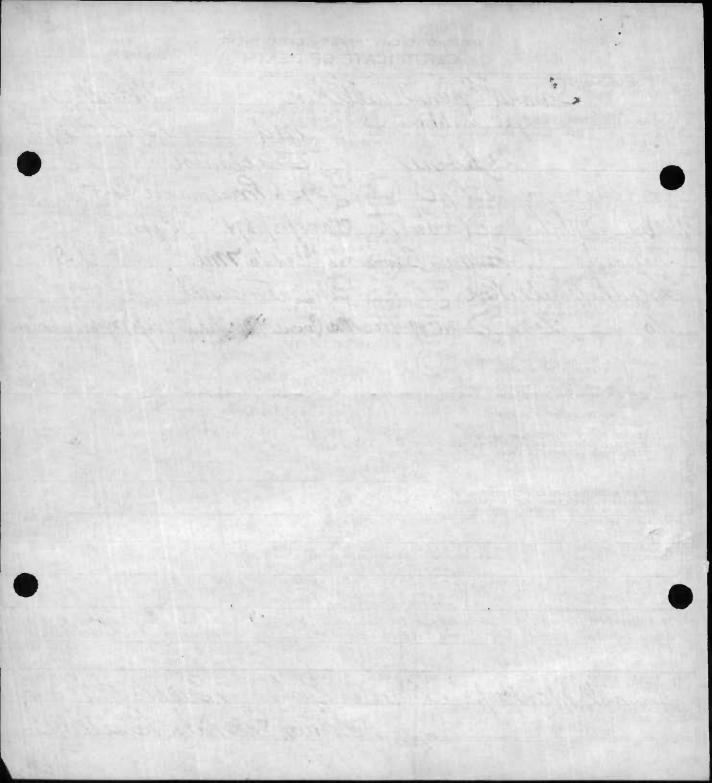
24b. LOCATION (City, town, or count)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25 PUNERAL DIRECTOR

ADDRESS

VS 150



W-300

# 50 2503 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2503

BIRTH NO.		CERTIFICATI	L OI DEATH		
1. NAME OF DECEASED (Type or Print)	LICOLEM	AN		2. DATE MAD 1	7 1950
JP U	THAW	ood	193077	DEATH WAN I	1 1000
3. PLACE OF DEATH: A. Baltimore City, Marylan	d		4. USUAL RESIDENCE (V	Where deceased lived, If the	before admission)
B. FULL NAME OF (If not in		on, give street address or location)	Md.	Baltimore	City
HOSPITAL OR INSTITUTION	S HOPKINS HOS		C. CITY OR TOWN	f outside corporate limits,	write RURAL and give to to bip)
1001	19 Univino uno		HOMEIR	Md - Daltin	rore, ma
	110 5	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	1
c. Length of stay in Baltim		lans Days	203 JUNDEL	age Roac	1
5. SEX 6. COLOR OR F	WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Month	der 1 Year   It Under 24 Hours hs: Days   Hours   Min.
lemale whe	a mar	reld	6-20-92	57	
OA. USUAL OCCUPATION (Give ork done during most of working life, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAI COUNTRY?
none	Non	e e	new Oxford	Tenna!	4.8.0
13. FATHER'S NAME	01 11		14. MOTHER'S MAIDEN N	AME	
Charles	U W. Lote.	man	Martha 1.	Moebrechh	
15. WAS DECEASED EVER IN U.S. Yes, no or noknown) (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
.).	ne	none	TOWNS HOP	KINS HOSPITA	
18. 17 TY			OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDIT	TION DIRECTLY	ONCOL	0. 52/(1.1		ONSET AND DEATH
LEADING TO	DEATH	C	4 > 10.0 >	n. 07-00	5 ma
(This does not mean the heart failure, asthenia, etc.	It means the disease	2,	en the and		2003.
injury or complication w	hich caused death.	) DUE TO	metastas	رعد	
ANTECEDENT	CAUSES				
DISEASES OR CONDITION	DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUS	E (A) STATING TH				The Real
ONDERLYING CONDITI	ON LAST.				
		(C)			
OTHER SIGNIFICANT	CONDITIONS CON				334/231943
TRIBUTING TO THE DEATH TO THE DISEASE OR CON	, BUT NOT RELATE	D			
194. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
K.					YES NO L
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLA	CE OF INJURY (e. g., i rm,factory,street,officebldg.,		If in Baltimore City, giv	re exact location)
T (Special)					
21D. TIME (Month) (Day)	(Year) (Hour) 2	LE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
FINJURY	m.	HILE AT NOT WHILE			
22 I handhu agutifu that	•	0		-17- ,1950,	that I last says the
deceased alive on 3		and that death occur	1=000	the causes and on the	
23A. SIGNATURE	, 13121, (		23B. ADDRESS	ne causes and on the	23c. DATE SIGNED
1-)00	ewh K	M. D.	JOHNS HOPKINS I	IOSPITAL	3-17-50
24A. BURIAL, CREMA- 24B. D IJON REMOVAL (Specify)	ATE   2	4C. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, town, or	r county) (State)
to be a man	2-20-50	Erramer M.	musleumel 21/	rodlown m	arulandi
DATE RECEIVED BY REGIS	TRAR'S SIGNATU	RE .	25. FUNERAL DIRECTOR	1	ADDRESS
LOCAL REGISTRAR	1955	7 0 0 DA	tours / 4 Mars	1/2 /109 )	1 Mostle De
MAD 1 GINED		(XO)	Sanda A Ponne	v. 100 u	- Hours wr.
VS 150				10 +	#1

r	- 4	60				
T		59 2504	BALTIMORE CITY HE		NT 50 Registered No.	2504
ВІ	RTH NO.		CERTIFICATI	E OF DEATH	Registered 110.	
	NAME OF D		nry Fowler		2. DATE OF DEATH 3-17	-50
3.	PLACE OF D			4. USUAL RESIDENCE	(Where deceased lived, If ins	stitution : residence before admission)
В.	FULL NAME OSPITAL OR	OF (If not in hosp	106 Ferndale Ave. ital or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	,
	STITUTION		Titles age Leader S.	BALTO-	17D - 2	8-02 (p)
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	AVE.
20	ale	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-23-1880	9. AGE (In years little last hirthday) Month	der I Year It Under 24 Homs hs Days Hours Min.
		CUPATION (Give kind of working life, even if retired		Baltimore Mo		2. CITIZEN OF WHAT COUNTRY?
13	. FATHER S			14. MOTHER'S MAIDEN		
	Charle	s Henry Fo	owler	Mary Elizal	beth Fowler	
15 (Yes	, WAS DECEASI	O EVER IN U. S. ARMI (If yes, give war or da	ED FORCES? 16. SOCIAL 219-28-3208	17. INFORMANT		RESS
		3	216-09-7350	Mary Elizab	Ferndale Ave.	INTERVAL BETWEEN
	18. 59	12 X 1	CAUSE	OF DEATH 3106	reflidate Ave.	ONSET AND DEATH
		SE OR CONDITION	ATH 7	selvol Hen	rorsloge.	6 lower
	heart failu	not mean the mode are, asthenia, etc. It me	eans the disease,			
	mjury or	complication which	10	1,0	1. 1. 1.	2
Z			(B)/YWW	ic geomeral	organis	- years
Tic	RISE TO T	S OR CONDITIONS,	) STATING THE DUE TO	//		
CA	UNDERL	YING CONDITION	LAST.	V		
IFI	(3	11	_(c)			
CERTIFICATION	TRIBUTING	SIGNIFICANT CONI TO THE DEATH, BUT DISEASE OR CONDITION	T NOT RELATED	ed arteriose	berosis	10 years
			198, MAJOR FINDINGS OF OPER	ATION		20 AUTOPSY?
CA					(Id to Dollar district	YES NO
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bldg.,		(If in Baltimore City, giv	e exact location)
	ID. TIME	(Month) (Day) (Yea:		ED 21F. HOW DID INJ	URY OCCUR?	
L			m. WHILE AT NOT WHILE			
	22. I hercb	y certify that I a	ttended the deceased from Le	1950, 1950, to	7862/ ,1950	that I last saw the
		live on tell		red off Pm., from	m the causes and on the	
	Mill	and I has	ad , M.D.	3400 Woodhie	are cold / not	3/1850
24 TIC	A. BURIAL, (S	CREMA- 24B. DATE	24c. NAME OF CEMETE		b. LOCATION (City, town, or	county) (State)
B	rial	3-20-			Baltimore Md.	
	CAL REGIST	RAR REGISTRAF	R'S SIGNATURE	25. FUNERAL DIRECTO	0 0	DLRES

25. FUNERAL DIRECTOR

STUDONT ON AVE. MAD 1 9 1950 V\$ 150

At the time of Mr. Fowlers death, the undersigned was out of the city, and the man was pronounced dead by Dr. H. V. Harper, 5201 Gwynn Oak Avenue, Balt. 7, Md. This fact has been communicated to Dr. Fisher, the Medical Examiner.

M.T. Tralad & M.R.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Adolph Volkman (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before admission) A. STATE B. COUNTY A. Baltimore City, Maryland Md . (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and giver Baltimore Cleveland St. D. STREET ADDRESS (If rural, give location) Yrs. 1226 Cleveland t. c. Length of stay in Baltimore Davs 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (in years) It Under 1 Year 7. SINGLE, MARRIED lactorithday) Months Days Hours Min. Marroyed DIVORCED (Specify Sept. 29,1880 Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12, CITIZEN OF Retired Blacksmith B. & O. R. R. WHAT COUNTRY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Volkman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wur or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. Augusta Volkman. 1226 Cleveland INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE her 18 1950 that I last saw the 22. I hereby certify that I attended the deceased from Mar 8th 19 50 to deceased alive on Mar 17 1950 and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Paul's Gemetery Violetvalle . Balto . Md . DATE RECEIVED BY LOCAL REGISTRAR 6 4101 Edmondson Ave.

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7-552 2506

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2506 Registered No.

BI	RTH NO.						
	NAME OF DECEA	Then	masl.D	OWNING		OF DEATH MCh	17,1950
A.	PLACE OF DEATH Baltimore City,	Maryland			A. STATE	Where deceased lived. If is B. COUNTY	astitution: residence before admission)
	FULL NAME OF	(If not in hospit	tal or institut	ion, give street address of location		outside corporate limits,	mait MITDAT and don
	STITUTION WE	nt Batt	9cm	nel HM.	Balto.	~ O 7	(qidenwot
B	Y 41 6 4 .	D. It.	/	Yrs. Mos.	53, N. 1341	rural, give location)	
-	Length of stay i	DLOR OR RACE	T SINCE	Days E. MARRIED.			Inder 1 Year   It Under 24 Hours
5.	M	W RACE	WIDOV	ED. DIVORCED (Specify	8. DATE OF BIRTH	last birthday) Mon	the Days Hours Min.
	A. USUAL OCCUPA		10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
15	ethed		13-10	.16.16.	//.6.		
13	FATHER'S NAME				14. MOTHER'S MAIDEN N.	AME	
6	britain L	lawner	ng		Lerginea		PLEMENT
	. WAS DECEASED EV			16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
(	,		,	705-07-2130	Celara M. hla	wning 5-31	1. Brice S.
	18. 1/2.2	1		CAUSE	OF DEATH	0	INTERVAL BETWEEN
	700	P CONDITION	DIRECTI V				ONSET AND DEATH
	LEA	R CONDITION DING TO DEA	TH	Ham	bosts Interna les	etellar letery	31 dans
	heart failure, as	mean the mode thenia, etc. It me plication which	ans the diseas	se,			
	ANT	ECEDENT CAU	SES	arter	orderetic Cardia	varcula deser	e where
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
Ě	RISE TO THE A	BOVE CAUSE (A)	STATING T				
OA	UNDERLTING	CONDITION L	ASI.				
L	100 700 700	10		(C)			
RTI	OTHER SIGNI	FICANT COND	ITIONS CO	N -			
H		THE DEATH, BUT					
1	19A. DATE OF OF			FINDINGS OF OPE	RATION		20. AUTOPSY?
A							YES NO
DIC	21A. ACCIDENT.			ACE OF INJURY (e.g.,		f in Baltimore City, gi	ve exact location)
Lil	HOMICIDE (SI	pecify)	about nome,	farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
Σ	21D. TIME (Mont	h) (Day) (Year	) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereby cer	etifu that I at	·		2-14-50,19 to	3-17-5619	, that I last saw the
	deceased alive	3017	1.30	and that death occu	gred at 950 An from t	he causes and on th	e date stated above
	23A. SIGNATURE		_, 13,		23B. ADDRESS	ne cances and on the	23c. DATE SIGNED
		1)may	n at	een "	wash		1-17-50
	4A. BURIAL, CREM			24C NAME OF CEMET	ERY OR CREMATORY   240. L	OCATION (City, town,	or county) (State)
11 /	ON, REMOVAL (Specify	3/20/	7	Loursine	Ple. Ino	Aleson.	mel.
	ATE RECEIVED BY	1 1	SSIGNATI	P-4	25. FUNERAL DIRECTOR	1	ADDRESS
	OCAL REGISTRAR	T. Colo III.AII	pos .	Migue May -	Job BN B.	4 5	, and
-	10 1 0 050		N m	UU	Marry N. Duck	1e,41016d	morpson
80	VS 150	1-15					925
11							12/

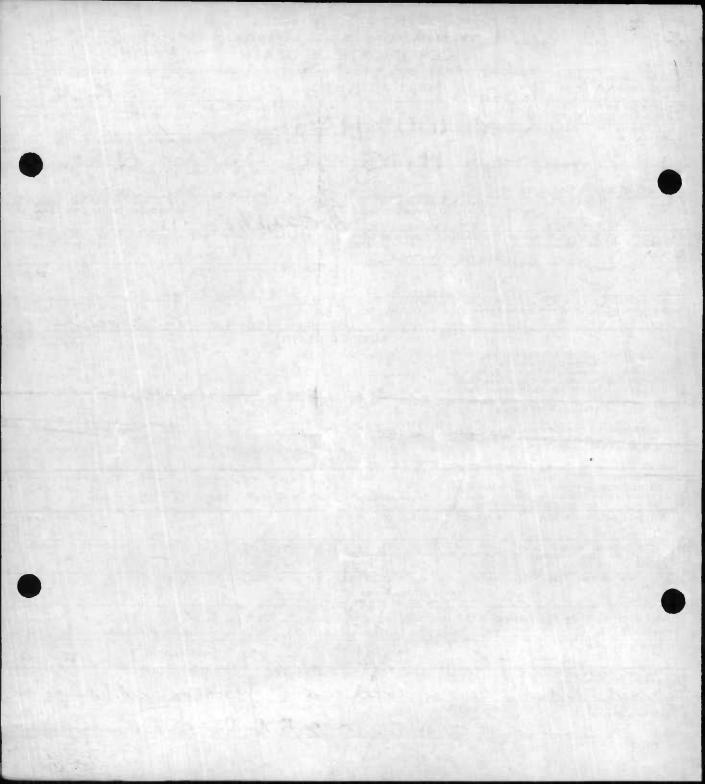
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A STATE OF THE PARTY OF THE PAR				*
Market Street St				
	100			

A Property of

J-525 2507

# BALTIMORE CITY HEALTH DEPARTMENT 50 2507

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF .2   , ,
3. PLACE OF DEATH: Politimore City Manyland	DEATH DIGGERAL OF THE A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  A. STATE  B. COUNTY before admission)
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)	maryland Botton re
INSTITUTION BERNELL HOS ITED BOOKS MIN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.' Mos.	
congth of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work dooe during most of working life, even if retired)  H. W. Home	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred Holtschneider	marriett Deal.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SCCIAL SECURITY NO.	17. INFORMANT
	Celas. 6. Johnson, 825 Braesede / Cd.
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY META	STATIC CHIECINDIAIN
(This does not mean the mode of dying, e.g., (A)	Luv G 5
heart failure, asthenia, etc. It means the disease,	
	CINOMA LEFT BREAST
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ONDERLYING CONDITION East,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4 con GENILA YOU FORMA- NOONS
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
The state of the s	YE'S NO
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg	otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY	RED 21F. HOW DID INJURY OCCUR?
TO. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	2/2/ , 19 9 to 3// , 19 0, that I last saw the
deceased alive on 19 and that death occu	
	23B. ADDRESS 23c. DATE SIGNED
11/amis	St. 19 ms 100 mm 3,16/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
	dral 4300 Old Fresh. Pd. Batto. me
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
sense of the state	Harry Mistyle, 4101 Colmonson
VS-150	au



600 birth No. 50 2508

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2508 Registered No.

'в	IRTH NO.	CERTIFICATE	E OF DEATH	negistered 210	
	NAME OF DECEASED Mui	R, ChARLES		2. DATE OF 3-/C	6-50
3. A.	Baltimore City, Maryland Be	alto. City	4. USUAL RESIDENCE (W		stitution: residence before admission)
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	
1	tranklus	2 guere Hospital	Battimo	u 16-	township)
C.	Length of stay in Baltimore	hife Yrs. Mos. Days	D. STREET ADDRESS (If:	lem and	
5	Mule Color or RACE	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Sept. 15. 1869	9. AGE (In years last birthday) Mont	der 1 Year II Under 24 Hours hs: Days Hours Min.
l C	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME 4	
15	TONE GULLES. WAS DECEASED EVER IN U. S. ARMET		noul g	me~	
(Ye	(If yes, give war or date	security No.	17. INFORMANT	necad ,	RESS
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc, It mea injury or complication which of	DIRECTLY TH of dying, e. g., uns the disease,	cinoma / s	tomach	ONSET AND DEATH
ERTIFICATION	ANTECEDENT CAUS  DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  II  OTHER SIGNIFICANT CONDITIONERS TRIBUTING TO THE DEATH, BUT	F ANY, GIVING STATING THE DUE TO AST.  (C)  ITIONS CON- NOT RELATED			
AL C	19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (I:	f in Baltimore City, give	e exact location)
M	21b. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRE  m.   WHILE AT   NOT WHILE   AT WORK	21F. HOW DID INJURY	OCCUR?	•
	22. I hereby certify that I att deceased alive on 3-16	ended the deceased from 3, 1950, and that death occur	-14 1950, to	3-14, 1950, the causes and on the	that I last saw the
	232. SIGNATURE AWE		2. ADDRESS PLAN		23c. DATE SIGNED
710	AN BURAL CREMA- 24B. DATE DE REMOVAL (Specify)	50 my Calv	RY OR CREMATORY 240.19	CATION (City, town, or	(State)
	DCAL REGISTRAR	s signature	Elizy V. Wils	m / or Bi	antly and
R	1 81959				4612

ACTOR SHOULD AND ALL DESCRIPTIONS

### BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO. 50	2509	CERTII	FICAT	E OF DEATH	Registered	1 No
	NAME OF DECEAS	la W	right.			2. DATE OF DEATH	mh 16,1950
Α.	PLACE OF DEATH: Baltimore City, I		to City	t address or	A. STATE	E (Where deceased lived, B. COUNTY	If institution; residence before admission)
HO	SPITAL OR	OHKS ROPKINS		location)	C. CITY OR TOWN	(If outside corporate Vn	nits, write RURAL and give township)
C.	Length of stay in	Baltimore 25	yre.	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	St
5.  -	sex 6.co	0	single, MARRIED WIDOWED, DIVORC	ED (Specify)	May. T. 1900	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Min.
work	A. USUAL OCCUPAT	FION (Give kind of 10	B. KIND OF BUSIN	ESS OR INDUSTRY	11. BERTHPLACE (State		U.S.A.
13	Calvi	n Ebron		4.3	14. MOTHER'S MAID		
(Yes	. WAS DECEASED EVE , no or unknown) (If y	R IN U. S. ARMED FO		L RITY NO.	45 1015054444	HOPKINS BOSPITAL	ADDRESS
CERTIFICATION	(This does not	CONDITION DIF DING TO DEATH DEAN THE MODE OF de- DEAN THE MODE OF CAUSES CONDITIONS, IF AI OVE CAUSE (A) ST CONDITION LAST.	ying, e. g., the disease, ed death.)  NY, GIVING ATING THE OUE TO	Stepp	erhage he Perteurie Peseare Decleur	ru Jest Mi rteris re Gardio re Allcer	able 2h asculas yr
SAL	19A. DATE OF OPE	7	MAJOR FINDINGS				YES NO
MEDICAL	21A. ACCIDENT. S HOMICIDE (Spe		21B. PLACE OF INJU yout home, farm, factory, stre			(If in Baltimore City	, give exact location)
Í	210. TIME (Month)	) (Day) (Year) (He	m. WHILE AT WORK	OCCURR NOT WHILE AT WORK		JURY OCCUR?	
	22. I hereby cert deceased alive or	ify that I attend	ded the deceased f	rom 3	725m., fr	o 3-16, 19.	54 that I last saw the the date stated above.
	234. SIGNATURE	ed duy	Beus.	M. D.	38. ADDRESS	iks nostra,	3 DATE SIGNED
710	BA. BURIAL, CREMA- ON, REMOVAL (Specify) Burial	3/20/I9	and the same of the same of			rooklyn A.A.	
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR'S S			Elaovo W.	TOR	ADDRESS
	MA 150 9 195		at the see,	M.M		lson IOOO Br	cantly Ave
	Will be a second	The same of the					11713

HTASIG FILE STAGE STATES

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

YES (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

2. I hereby certify that I attended the deceased from 1-22 Aleceased alive on 23A. SIGNATURE

1500 EAST MADISON ST. BAT MARIO 24C. NAME OF CEMETER POR CHEMATORY 24B. DATE

1950 to 3 - 15, 1950 that I last saw the -11-50

24A. BURIAL, CREMA-

Ü

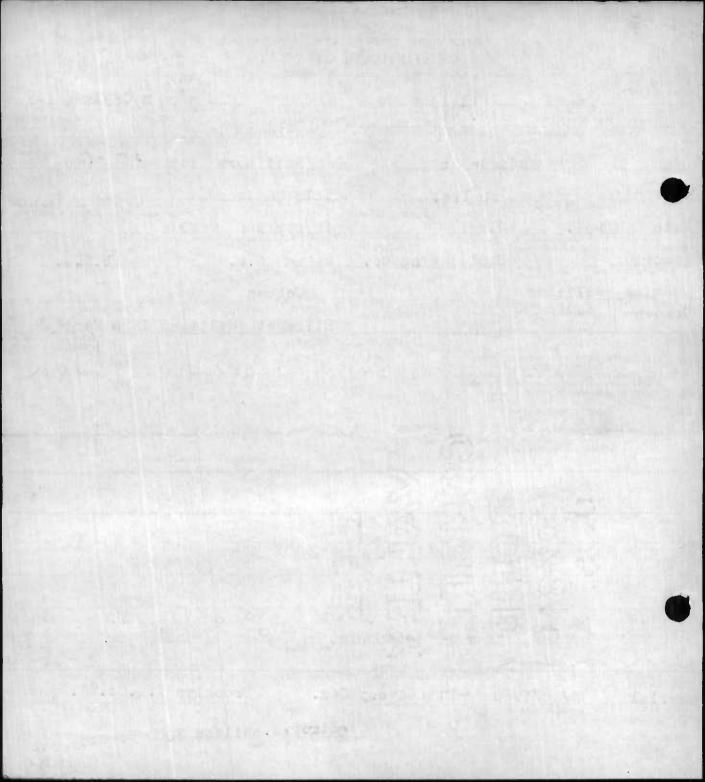
EDICAL

38. ADDRESS

24D. LOCATION (City, town, or county) Brooklyn A.A.Co.Md.

3/20/1950 Mt Calvery Cem. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Elroy, O. Wilson 1000 Brantly

ADDRESS 25. FUNERAL DIRECTOR



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2511

E	BIRTH NO.	E OI DEATH	1/		
1 (	Type or Print) MEADOWS, ALMA TIMOT	гнү	2. DATE OF DEATH	/19/50	
	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR HOSPITAL  NSTITUTION UNION MEMORIAL HOSPITAL		BALTIC	before admission)	
1	Yrs,	D. STREET ADDRESS (If	rural, give location)		
	ngth of stay in Baltimore UN - Mos. Days				
	WIDOWED, DIVORCED (Specify)	1/30/1888	52	Winder 1 Year I Under 24 Hours Onths Days Hours Min.	
WO	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  MINER, FARMER	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY!	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	· · · -	Est the meta	
-		LOUISE MET	abow S.		
(Y	(If yes, give war or dates of service)  ON IC  16. SOCIAL SECURITY NO.	17. INFORMANT WIFE (LOTTIE)		SAME	
	18. 5 23.3 CAUSE	OF DEATH		INTERVAL BETWEEN	
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  TEUGR OF UNKNOWN CAUSE  (A)  FEUGR OF UNKNOWN CAUSE  (A)  FEUGR OF UNKNOWN CAUSE				
RTIFICATION	UNDERLYING CONDITION LAST.  (C)			(over)	
CE	TO THE DISEASE OR CONDITION CAUSING IT.				
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		YES NO	
EDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office hidg., e	or 21c. WHERE DID (Injury occur?	f in Baltimore City,	give exact location)	
Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK		OCCUR?		
	22. I hereby certify that I attended the deceased from 3	11 1950, to		o, that I last saw the	
	deceased alive on 3/19, 1950, and that death occur  23A. SIGNATURE  M. D.	med at T A.m., from the 3B. ADDRESS Thion Memorial H	osp.	23c, DATE SIGNED	
T	A4A. BURVAL, CREMA- 10N REMOVAL (Specify)  3/2 Odd  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	RY OR CREMATORY 240. LC	dd W	(State)	
ı.	MAR 201950 The William 1/1 Mary 100 1	25. FUNERAL DIRECTOR	shut	AUDITEOS	
	VS 150	V Jan	resisolla	200 a	

See Document File 50-2511 3/27/51 ES

50	2512
0 0	Late Charles and the

	50 no. 2	512		TIMORE CITY HE	EALTH DEPARTMENT	Registered :	50 2512 No
1.	NAME OF I		ES A.	PHIPPS		2. DATE OF DEATH Marc	h 18,1950
В.	PLACE OF I Baltimore FULL NAME OSPITAL OR	City, Maryland		on, give street address or location)		Where deceased lived. If B. COUNTY	t institution : residence before admission
	ISTITUTION	1927 McHenry S	St.	Yrs.	Baltimore	rural, give location)	ts, write RURAL and giv township
		stay in Baltimore		Mos. Days	1927 McHeni	ry St.	
M	ale	White	Mari		Apr. 14, 1883	last birthday) M	If Under   Year   If Under 24 Hours on the Days Hours Min
Worl	done during most			of Business or INDUSTRY	11. BIRTHPLACE (State or f  Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	James	Phipps			14. MOTHER'S MAIDEN N Sarah Atwell	AME	
(Ye	NO DECEAS	(If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Laura M. Phipps		y St.
FICATION	(This doe heart fail injury or DISEASE RISE TD	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It means to complication which complication will be complicated by the complication which complication will be complicated by the complicati	F ANY. GIVIN STATING TH	(A) Pul.	manary Inte	rubris	INTERVAL BETWEET DASET AND DEATH
RTIF		SIGNIFICANT CONDI					

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

NOT WHILE

23B. ADDRESS

march, 1946 to 3 - 18, 1950 that I last saw the 22. I hereby certify t / I attended the deceased from\_

7-, 1956, and that death occurred at 2:30A m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION, REMOVAL (Specify 248. DATE

deceased alive on\_3

23A. SIGNATURE

Burial

3/21/50 REGISTRAR'S SIGNATURE

Trinity white For Allesunger O

Wil 2 iam Cook, Inc., 1217 St. aul St.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

Baltimore, Md.

(If in Baltimore City, give exact location)

20. AUTOPSY

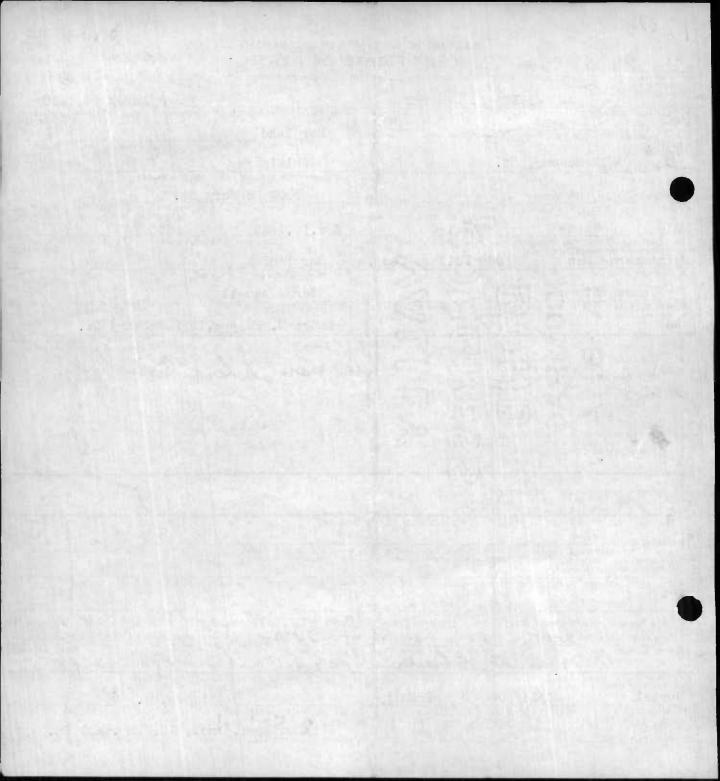
23C. DATE SIGNED

VS 150

DATE RECEIVED BY

especiany important.

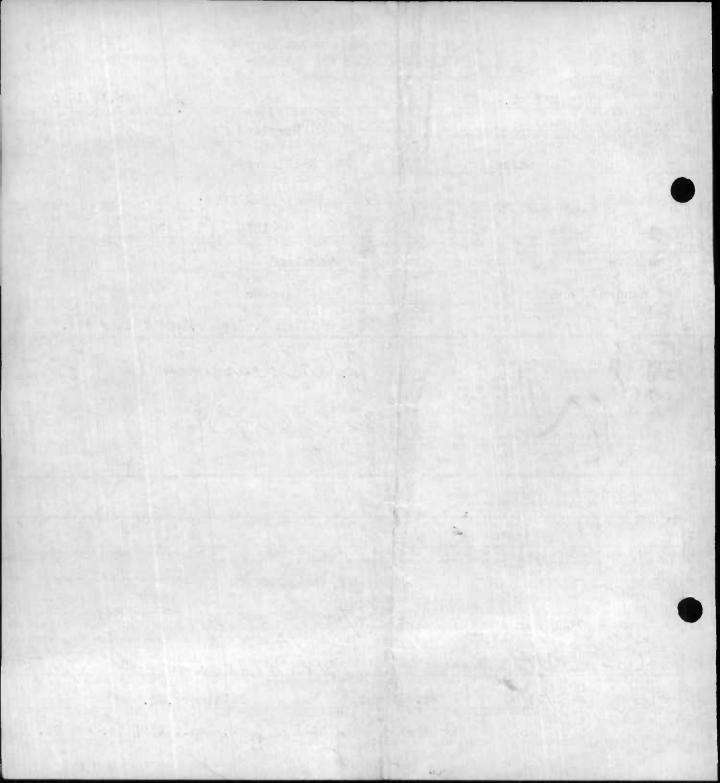
IS age MEDICAL



+200 50 2513

## BALTIMORE CITY HEALTH DEPARTMENT

	0 251	3	ВА	CEPTIFICAT			Registered		2513
	CERTIFICATE OF DEATH Registered No								
	. NAME OF DE Type or Print)	CEASED MAY I	2. DATE OF DEATH Mar.18,1950						
	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE, B. COUNTY before admission				
H	FULL NAME (	OF (If not in hospital	Maryl c. CITY OR TOW		utside corporate lin	nits-write			
· 11	1808 Thomas Ave				Baltimore 15-05 township)				
cgin	ength of st	ay in Baltimore	D. STREET ADDRESS (If rural, give location)  1808 Thomas Ave.						
T T	5. SEX 6. COLOR OR RACE 7. SI			Days E. MARRIED, VED, DIVORCED (Specify) OW	8. DATE OF BIRT		9. AGE (in years)		ar If Under 24 Hours Ays Hours Min
E 10	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Housewife  13. FATHER'S NAME  (Unknown) Ward				11. BIRTHPLACE Maryland	(State or for	eign country)		TIZEN OF
Taran					14. MOTHER'S MAIDEN NAME Unknown				V
No.	Yes, no or unknown) (If yes, give war or dates of service) SECUR			16. SOCIAL SECURITY NO.	17. INFORMANT William V	. Taylo	or,1808 The	ADDRES	
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)						Z	z a ays.	
CERTIF	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION							
	19A. DATE OF	OPERATION O .1	ATION				O. AUTOPSY?		
MEDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact loca								
OF INJURY					D INJURY	OCCUR?			
In I age is expecially	22. I hereby, deceased ali 23A. STAR A. BURIAL, COON. REMOVAL (Sp. Burial	has WE	1950	deceased from 3	red at 7A m 3B. ADDRESS	Bal 24D. LO	e causes and on Linux CATION (City, tov. more, Md.	the date	3/18 ST
00   L	MAD 2 0 10	BY REGISTRAR'S	SIGNAT		25. FUNERAL DI	RECTOR	inc., 1217	St. Par	
	VS 150	30				4			53



21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from\_

deceased alive on multily 1950, and that death occurred at 23B. ADDRESS

23A. SIGNATURE

ZAA. BURIAL CREMA-248. DATE mas

DATE RECEIVED BY REGISTRAR'S SIGNATURE

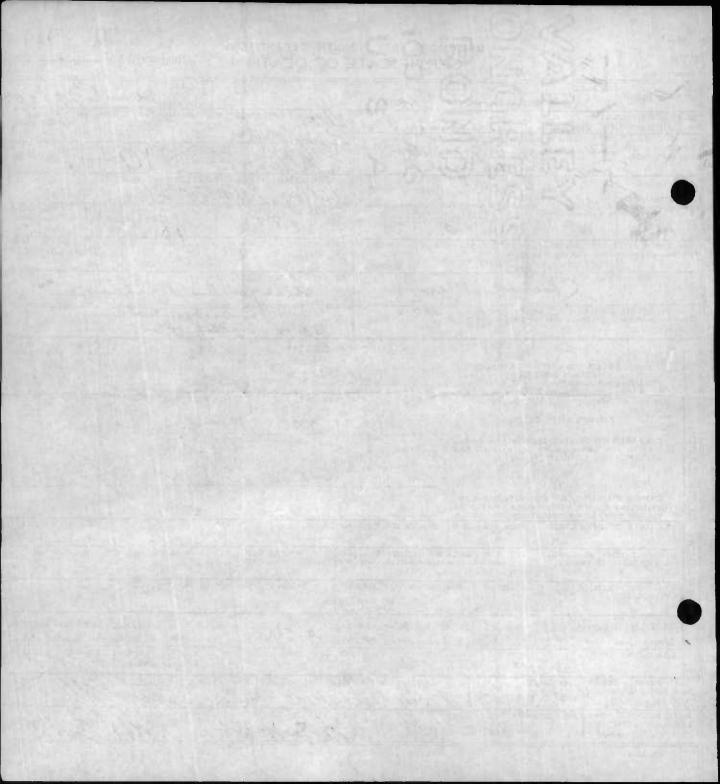
1900 to 1 4 69

21F. HOW DID INJURY OCCUR?

2017m., from the causes and on the date stated above.

VS 150

. 1950 that I last saw the

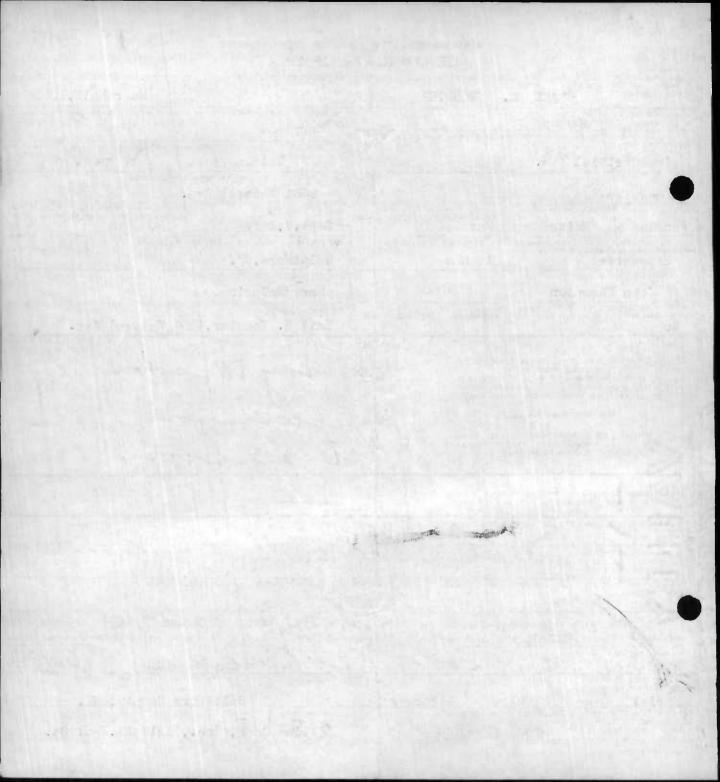


## BALTIMORE CITY HEALTH DEPARTMENT

50 2515
Registered No.

ATE OF DEATH						
2. DATE						
DEATH Ma rch 17,1950						
4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE B. COUNTY before admission)						
c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 27-0 wownship)						
rs. O. STREET ADDRESS (If rural, give location)						
4504 Weitzel Ave.						
8. DATE OF BIRTH Sept. 7, 1879  9. AGE (In years If Under I Year Months: Days Hours Min						
II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
14. MOTHER'S MAIDEN NAME						
Mary McCa in						
o. IT. INFORMANT ADDRESS Emil H. Monnier, 4504 Weitzel Ave.						
spertension s'gas						
PERATION   20. AUTOPSY?						
YES NO						
g., in or 21c. WHERE DID (If in Baltimore City, give exact location)						
JRRED 21F. HOW DID INJURY OCCUR?						
coursed at 10 2 m., from the causes and on the date stated above.						
238. ADDRESS 23C. DATE SIGNED 3/18/50						
ETERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)						
Baltimore County, Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  MAR 2 0 1950 This was a signature 25. FUNERAL DIRECTOR AD						
FS FS						

correct age is especially important. Thysicians, please write the causes of death electry and to may



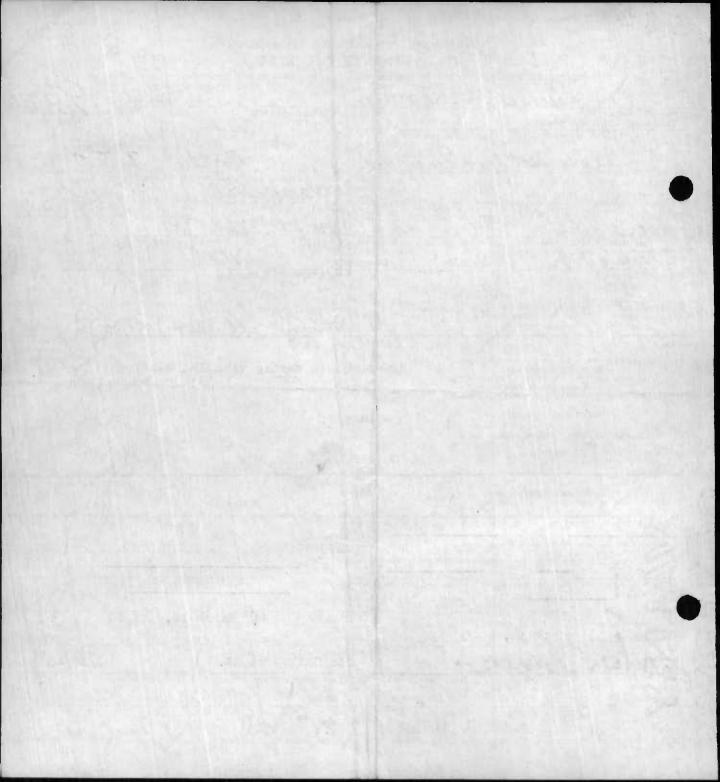
correct age is especially important. Physicians: please write the causes of ueauf clearly and levely.

CEPTIFICATE OF DEATH

1000

Registered No.

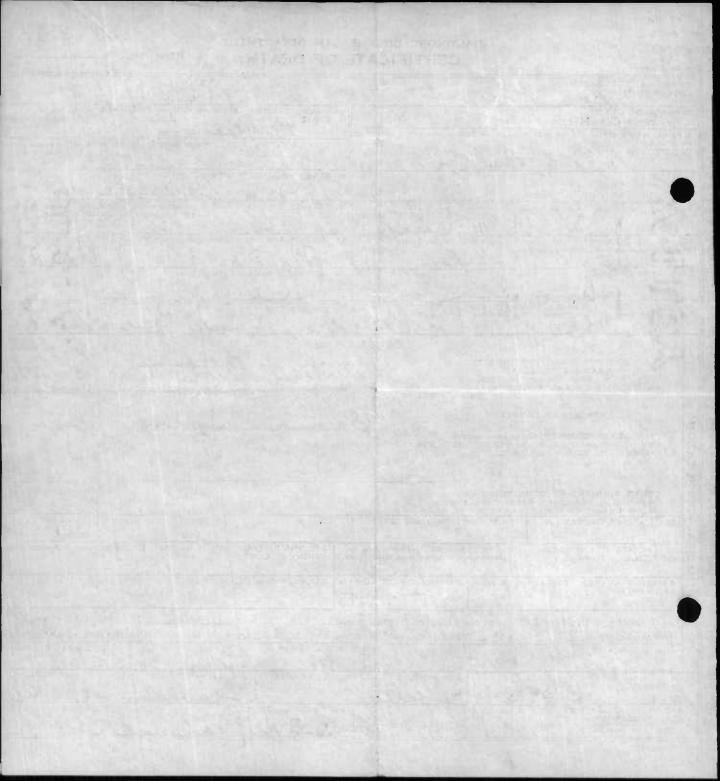
В	RTH NO.			CERTIFICATI	L OF DEATH			
1. (T	NAME OF D 'ype or Print)	ECEASED SUAL	B	. Voues		2. DATE 3/6/5	о дали.	
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived, It B. COUNTY	institution: residence before admission)	
В.	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)		ud		
IN	STITUTION	3204 Not	01:00	En Rd	c. CITY OR TOWN	Rolf. 7	ts, write RURAL and give to whship)	
		707 700	1120	Yrs.	D. STREET ADDRES	S (If rural, give location)	5 - 645	
		tay in Baltimore		Mos. Days	32047	to Clins terns	RA	
5.	SEX	6. COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday) Mo	M Under I Year If Under 24 Hours onths Days Hours Min	
10	A. USUAL OC	CUPATION (Give kind of	108 KIND	OF BUSINESS OR	11. BIRTHPLACE (St.	86/89	12. CITIZEN OF	
worl	done during most	of working life, even if retired)	04	THE HOME	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTI			
13	FATHER'S	The same of the sa			14. MOTHER'S MAIDEN NAME			
			2061		2 Knows			
15 (Ye	, oo or uokoowo)	D EVER IN U, S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17_INFORMANT	11 3204 Noll	DDRESS RA	
	18. 44:	3 X .	0-101	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION		Hyperte	nsive cardio	vascular disease	about	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,						5 yrs.		
injury or complication which caused death.)  ANTECEDENT CAUSES  Old age.  ZO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON.								
						***************************************		
CA	UNDERLYING CONDITION LAST.							
E								
OTHER SIGNIFICANT CONDITIONS CON-								
TO THE DISEASE OR CONDITION CAUSING IT.			ATION		20. AUTOPSY?			
Y.		0		N <sub>1</sub>			YES NO	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					give exact location)			
Σ	210. TIME (	Month) (Day) (Year)	(Hour)	LIE. INJURY OCCURRI	ED 21F. HOW DID I	NJURY OCCUR?		
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from February, 1944, to March 16, 1950, that I last saw the deceased alive on March 15, 19 50 and that death occurred at m., from the causes and on the date stated above							
	deceased al		19 50		red atm., f	rom the causes and on t		
	nma C	32 Ma	22	м. р.	16 Cathedral	St.	3/18/50	
/24 TIC	A. BURIAL, C		10 2	4c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town		
1	Surial	3/20/	50	Leudon -	Park	Balto.	W.	
	ATE RECEIVED	RAR	S SIGNATU	Winder, ME	25. FUNERAL DIREC	1217St. Par	ADDRESS	
	VS 150	1.10	4				000	
11							75%	



BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF BOB DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: 6. COUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 5 SFX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A JSUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work stope during most of working life, even if retired) INDUSTRY nelization 13. FATHER NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NTERVAL BETWEEN 18. CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218, PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT . 1960 to 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from\_ DIM deceased alive on 3 MI) 19 Sand that death occurred at 12 Am., from the causes and on the date stated above. 23A SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24C.-NAME OF CEMETERY OR CREMATORY AState 24B. DATE 0 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

VS 150

46 E



correct age is especially important. Physicians: please write the causes of death clearly and lethory.

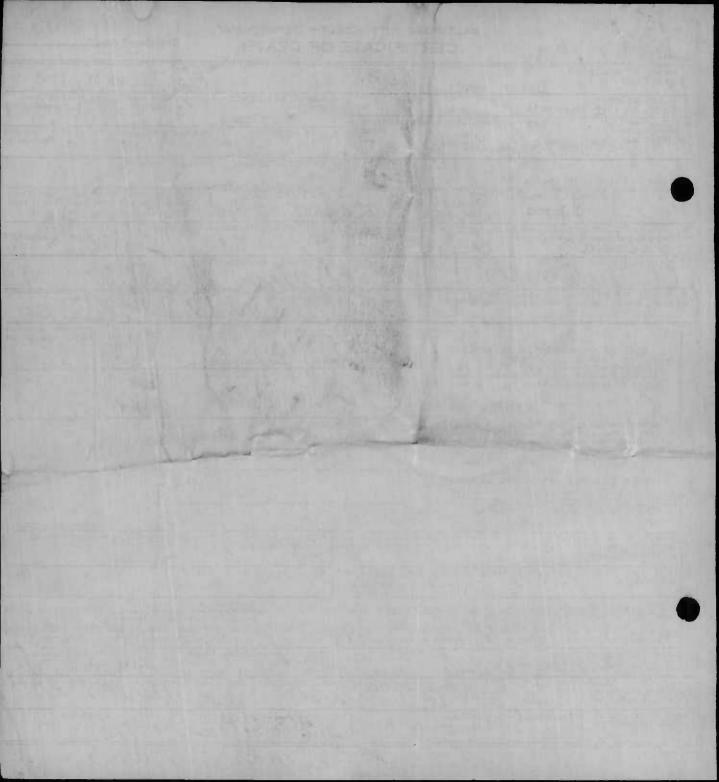
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2518
Registered	No.	

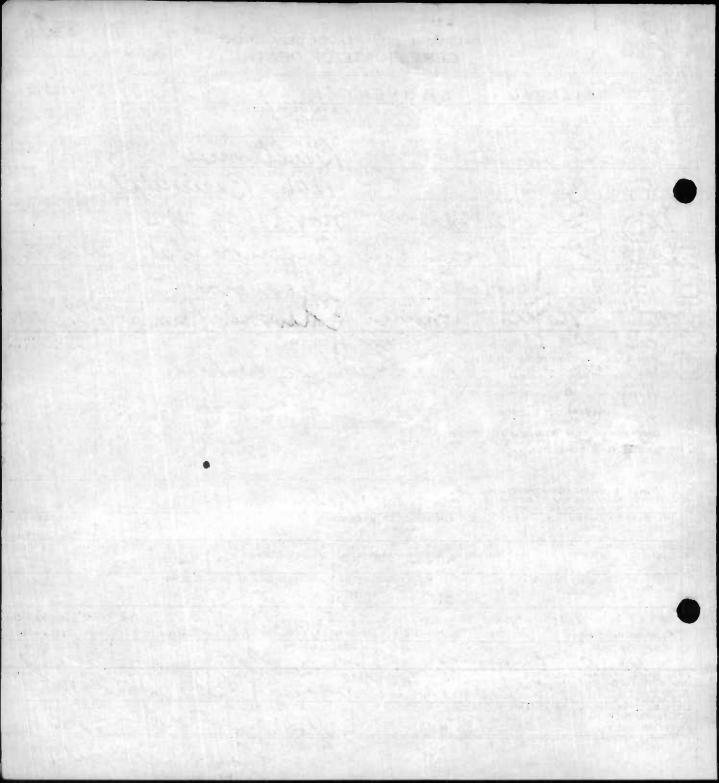
-	increase and incre						
Į.	EATVARY BEAN SMITH	2. DATE OF DEATH March 16, 1950					
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence  A. STATE Maryland  B. COUNTY before admission)					
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	University Hospital	Baltimore 4-02 township)					
	ength of stay in Baltimore  7 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  637 W. Mulberry Street					
	EX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours					
	Male   Colored   Widover	11-3-1909 40					
wor	DA. ASUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  ONLY THE BUSINESS OR INDUSTRY  ONLY THE BUSINESS OR INDUSTRY  ONLY THE BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
	Morgan Smith GARAGE	M. MOTHER'S MAIDEN NAME CONSIDER					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give wer or dates of service)  SECURITY NO.	Ttophine Maynor - ave. new July 4					
	18. 451 X CAUSE	OF DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	maplaicardia					
	(This does not mean the mode of dying, e.g., (A)						
	ANTECEDENT CAUSES	entre. A norta					
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
1	UNDERLYING CONDITION LAST.	+ 1					
FIC	II (c)	terrosclerosis					
ERTI	OTHER SIGNIFICANT CONDITIONS CON-						
Ü	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPE	PATION 20. AUTOPSY?					
CAL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., i	NO X No 21c. WHERE DID (If in Baltimore City, give exact location)					
EDIC	PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg.,	injury occur?					
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK						
		above, held an Inspection & Inquiry thereon and from					
	the evidence obtained by said Autovsy. Inspection or l	Autopsy, Inspection or Inquiry (nquiry, find that said deceased died on the day stated above, $\square$ A condent $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .					
	23A. SIGNATURE M. M. Ala II.	23B. CHIEF MEDICAL EXAMINER					
7 TV	BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE						
DIA	ATE RECEIVED BY REGISTRAR'S SIGNATURE  DCAL REGISTRAR  AR 2 0 1950	25 FUNERAY DIRECTOR LAND ADDRESS					
VS	151 G808	I blassid I fiel ave. Val					
	7 / / /						

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE March 16, Griffin Daisv DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) ('i not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital township) D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (in years WUDOWED, DIVORLED (Specify) last birthday) Months: Days Hours: Min. Colored 10A. USUAL OCCUPATION (Give kind of work done) during post of working life, even if retired) OF BUSINESS OR (State or foreign country) 12. CITIZEN OF INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an .. Autopsy . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident □, suicide □, homicide □, undetermined □. 23c. DATE SIGNED 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER... March 16. MEDICAL INVESTIGATOR 24/ BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAF'S SIGNATURE LOCAL REGISTRAR VS 151

especially



VS 150



# CERTIFICATE OF DEATH

location'

Yrs.

Mos.

CAUSE OF DEATH

A. STATE

C. CITY OR TOWN

Registered No. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, write RURAL and give STREET ADDRESS (If rural give location). AGE (In years If Under 1 Year 1 K Under 24 Hours last birthday) Months; Days Hours; Min. PARTHPLACE (State or foreign country) 12. CITIZEN OF ADDRESE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location)

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT, SUICIDE,

about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT

21F. HOW DID INJURY OCCUR?

deceased alive on 3-/6, 1950, and that death occurred at 12 Am., from 23A. SIGNATURE , 199, that I last saw the A.m., from the causes and on the date stated above. 23c. DATE SIGNED

240 BURIAL CREMA-24c, NAME 24B. DATE

DATE RECEIVED BY

(Specify)

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

PONERA

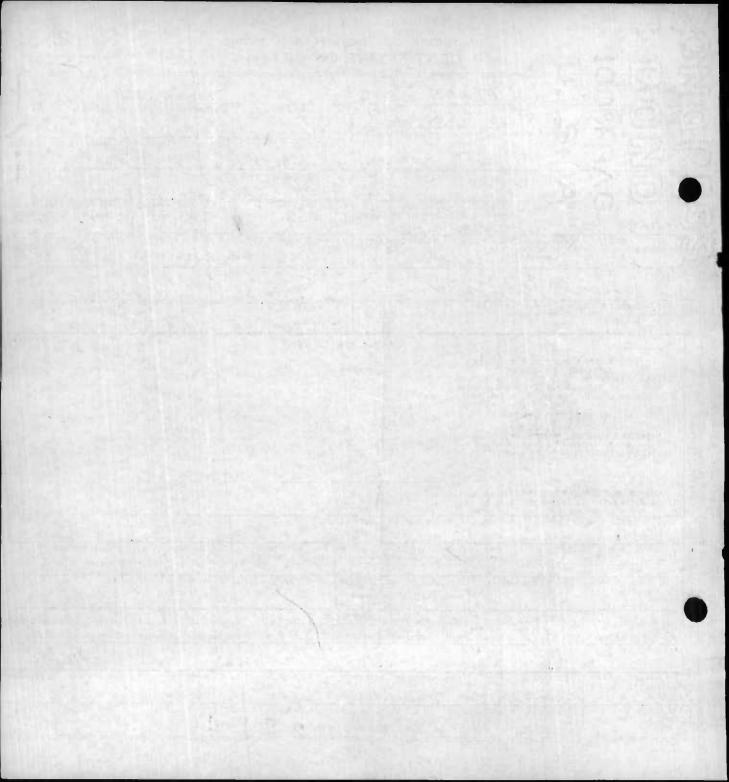
ADDRESS

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HOMICIDE

OF INJURY

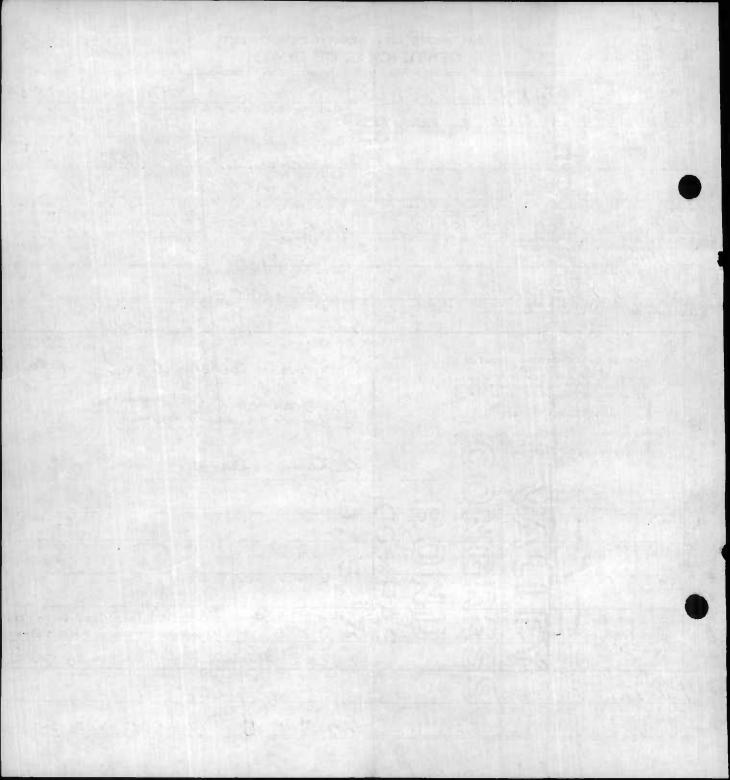
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2523

		NAME OF DE	MA MA	RY. h.	STEDING	0	OF MARCH	1-18-1950
	Α.		ity, Maryland	606 IV	GLOVERS	4. USUAL RESIDENCE (VA. STATE	Vhere deceased lived. If in B. COUNTY	titution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Yrs. Mos.						outside corporate limits,	write RURAL and give township)
death clearly and legibly.						D. STREET ADDRESS (If rural, give location)		
	Length of stay in Baltimore Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH		der I Year   It Under 24 Hours has: Days   Hours: Min.
	10a. USUAL OCCUPATION (Givekiod of work dooed during most of working life, even if retired)  HOUSE WIFE  13. FATHER'S NAME					APRIL - 12-187	5 76 ya.	2. CITIZEN OF
						CERMAINY. WHAT COUNTRY'S		
	HENRY TEMPELER					NOT KNOWN		
se of		. WAS DECEASE , no or unknowo)	D EVER IN U, S. ARM (If yes, give war or de		16. SOCIAL SECURITY NO.	17. INFORMANT RUF	FFEL BRANL	ORESS ORN AVE
causes		18. 421			CAUSE	OF DEATH	L = alzeant	INTERVAL BETWEEN ONSET AND DEATH
te the		(This does	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m	ATH of dying, e.g	(A)	Colonary ac	tery disecus	e I day
e write		injury or	complication which	caused death.		Myocardial	dequerate	3 200 4
please	LION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
ians:	FICA	UNDERLY		LAST.	(C) _	actenorche	oxex	,
Physicians:	ERT	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITION	T NOT RELATE	D			
	AL C		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
important.	EDIC	21a. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., i		If in Baltimore City, giv-	e exact location)
y imi	Σ	21D. TIME ( OF INJURY	Month) (Day) (Yea		TIE. INJURY OCCURR		Y OCCUR?	
especiall	m. WHILE AT NOT WHILE AT WORK AT WORK 1950, that I attended the deceased from 1966 to Warelife, 1950, that							
s esp		dcceased al	ive on Much	7,1950	and that death occur	red at A.m., from t	he causes and on the	
24a. BUMIAL, CREMA- 24B.DAVE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tow								county) (State)
correct	TION) REMOVAL (Specify)							DDRESS
COL	LC	CAL REGIST	the second of the second of	SV / I Hu		My Que 05- 5	7. Ruhde 232	7 EDIMONDSON
		VS 150					9	3)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MARCH 18 Schnoeder (Type or Print) OF Henry DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) BALTIMORF B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give dMONDSON INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore DMONDSON A Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | You last birthday) | Months Days 6. COLOR OR RACE 8. DATE OF BIRTH If Under 24 Hours Hours: Min. IOA, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR CITIZEN OF work done during most of working life, even if retired) INDUSTR WAAT COUNTR MACKE AUVDY COLL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RowchopneumoniA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION Right hemiplesia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. nsive CARdio-VASCULAR 11 1245 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Nune 1 1947, to MARch 18, 1950, that I last saw the deceased alive on MARCh 18, 1950, and that death occurred at 11.50 Pm., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 30 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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### BALTIMORE CITY HEALTH DEPARTMENT

50 2525

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 3-17-50 ANEHICIA WEWIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) 11 d. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 405P BANTIANORE o. STREET ADDRESS (If rural, give location) Yrs. ARMINIGTON AUE Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | | Under 1 Year | | If Under 24 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify 5 C06. SINGLE nov 30, 1894 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 20 MESTIC USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PATRICK SANITH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. RECORDS HOSP. INTERVAL BETWEEN autre CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY OF LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 3-1 . 19 50 to 3 - 17 19 50 that I last saw the deceased alive on 3 - 17 1950, and that death occurred at 1:03 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 1+031 UHIV 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) new Kent Co. Va REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY

VS 150

LOCAL REGISTRAR

Coul you spent probable set of Carcinomatosis site undetermined. netastatic caremona to omentum, probably arising from G. L. Tract, See Downert File 50-2525 4-19-58

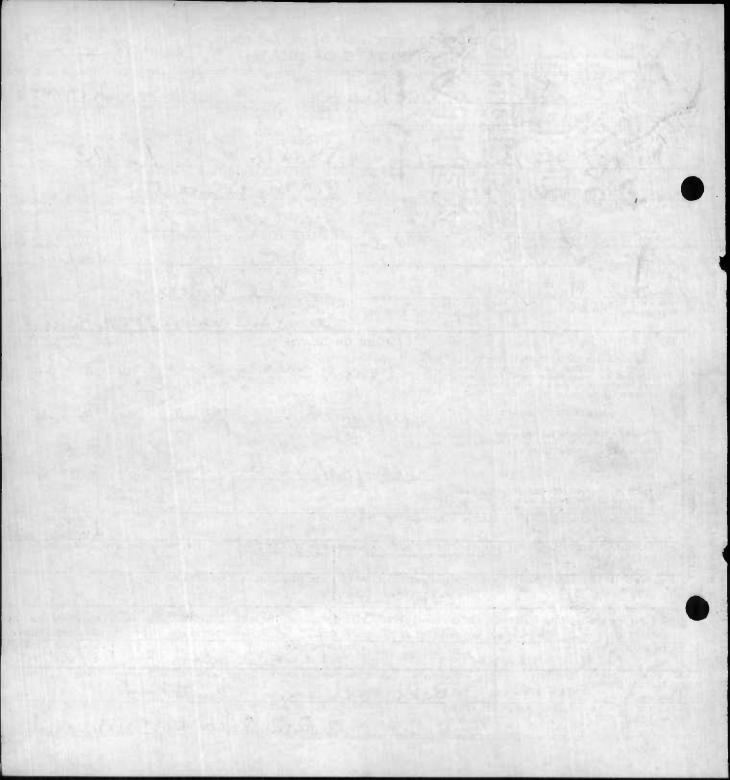
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No\_ 1. NAME OF DECEASED 2. DATE anne 1 Jacks OF 17.1950 DEATH WOOD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ruce Length of stay in Baltimore 204 ans Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX it Under 1 Year AGE (In yearlast bigthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) COL married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working We, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO gesting Heart Failure 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from V-12, 1950, to V-2, 1950, to V that I last saw the deceased alive on P 1950, and that death occurred at 2 2m., from the causes and on the date stated above. 23A. STONATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) Burial 3-20-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR instructor / the 1303 Presstra



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PLAINLY

PLEASE WRITE

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2527

Registered No-2. DATE MARCH 1950 DEATH B. COUNTY before admission) (If outside corporate limits, write BURAL and give township) PRATT 9. AGF (In years) H Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF U.S.A. FISHER ADDRESS SAME SCHAUBER (HUSRAND NTERVAL BETWEEN ONSET AND DEATH 22 hrs NOT KNOW! 20. AUTOPSY? (If in Baltimore City, give exact location)

1. NAME OF DECEASED (Type or Print) FRANCES SCHAUBER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) FRANKLIN SOUARE HOSP. C CITY OR TOWN INSTITUTION BALTIMORE FAVETTE + CALHOUN STS. o. STREET ADDRESS (If rural, give location) Yrs. Mos. 816 W. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) CHALE WHITE Nov. 10, 1901 MARRIED 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY MARYLAND HOUSEWIFE 13. FATHER'S NAME FILIPPINO 14. MOTHER'S MAIDEN NAME EXEL PRINO WILHEMENA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. NonE JOSEPH NONE 18. CAUSE OF DEATH EMBOLISM DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Part Control & Control CEREBRAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES AURICULAR FIBRILLATION ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO HYPERTHYROIDISM H OTHER SIGNIFICANT CONDITIONS CON-CONGESTIVE HEART FAILURE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 194 DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 17 MARCH 1950 to 18 MARCH , 1950, that I last saw the deceased alive on 18 MACH. 1950, and that death occurred at 540 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE nanul, Muses 18 MARCH 050 FRANKLIN SQUARE HOED.

BURIAL DATE RECEIVED BY PEGISTRAR

24A. BURIAL, CREMA-

REGISTRAR'S SIGNATURE

1AR. 22,1950

24B. DATE

THEORA 25. FUNERAL DIRECTOR

24c. NAME OF CEMETERY

BALTIMORE

ADDRESS 2101 HREDERICK

PLAINLY PLEASE WRITE

22. I hereby certify that I attended the deceased from \$56/- , 1950, to Musch 18, 1950, that I last saw the , 1950, and that death occurred at 10:15 Pm., from the causes and on the date stated above. deceased alive on state 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY

244. BURIAL, CREMA-TION, REMOVAL (Specify)

WESTERN MARCH 21, 1950 LEMETERY BALTIMORE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** 

LOCAL REGISTRAR

before admission)

12. CITIZEN OF

ADDRESS

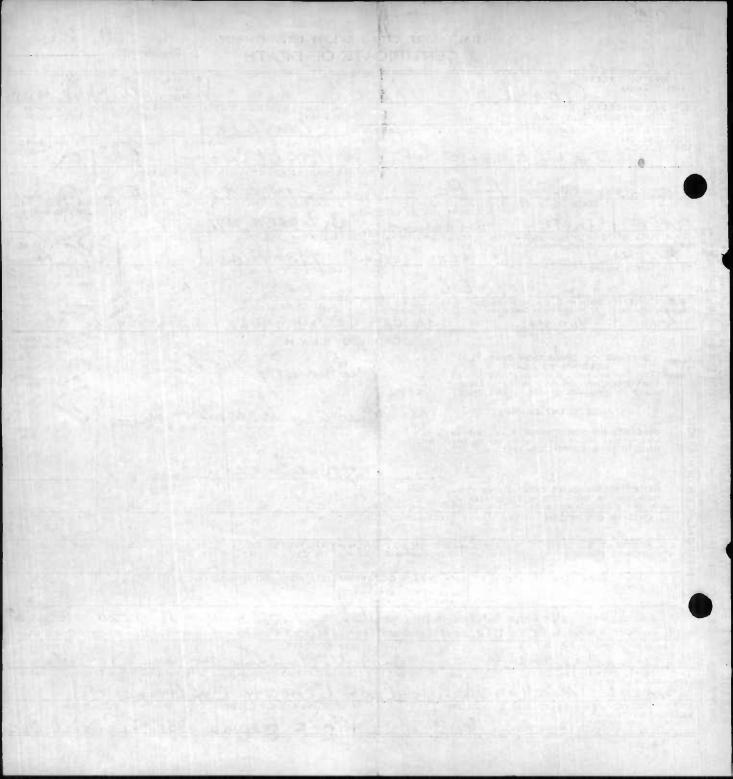
WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSYT

BURIAL

DATE RECEIVED BY



ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE

PLEASE WRITE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2530

	-		
Registered	No		100
2008-010104		1-17	

BIRTH NO.								
1. NAME OF DECEASED (Type or Print)	1. NAME OF DECEASED							
The MARTHA U. RCHING	DLE		DEA	TH 4	institution: residence			
a. Baltimore City, Maryland Harford Con		STATE		COUNTY	before admission)			
B. FULL NAME OF (If not in hospital or institution, give	street address or		WRDIE	KA CW	E			
INSTITUTION	, location C	CITY OR TOWN	(11 outside o	orporate mini	s, write RURAL and give township)			
# HARFORD CONV. 1	TomE Yrs. D	STREET ADDRES	S Of rural vi	re location)	100			
ength of stay in Baltimore	Mos.	D. STREET ADDRESS (If rural, give location)  HAR(IIEW)						
5. SEX   6. COLOR OR RACE   7. SINGLE, MARR		. DATE OF BIRTH	9. AGI		Under 1 Year   If Under 24 Hours			
WIDOWED, DIV		EP+19.18		birthday) Mo	onths Days Hours Min.			
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BU	SINESS OR 1	1. BIRTHPLACE (Sta		antry	12. CITIZEN OF			
work done during most of working life, even lifretired)	INDUSTRY	IV. R+H P	21/200	12	WHAT COUNTRY?			
13. FATHER'S NAME	14	4. MOTHER'S MAIL						
Soloway VESTAL	C	LAROLIN	F		ulcuson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no or unknown) (If yes, give war or dates of service) SE	CURITY NO.	7. INFORMANT	1	A	DDRESS			
	N even	IR. JOHN Hole	SEY 1.30	LEINONI	SON AVE			
18. 427.1	CAUSE OF	DEATH			INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	20	. 7 .1	1					
(This does not mean the mode of dying, e.g.,	ifio		6 w/lo					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  (A) Chaptic Reflection  OUE TO  OUE TO								
(B) Williascleratic O.V. Missae								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
UNDERLYING CONDITION LAST.								
11								
OTHER SIGNIFICANT CONDITIONS CON-								
U TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION   19B. MAJOR FINDI	NGS OF OPERAT	ION			20. AUTOPSY?			
21A. ACCIDENT, SUICIDE, 21B. PLACE OF	give exact location)							
O HOMICIDE (Specify) about home, farm, factor								
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJ	JURY OCCURRED	21F. HOW DID I	NJURY OCCU	R?				
OF INJURY WHILE AT NOT WHILE								
22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Mar. 19, 1950, that I last saw the								
22. I hereby certify that I attended the deceased from 10, 19, 1930, to Mar. 19, 1930, that I last saw the deceased alive on 450 19, 1950, and that death occurred at 620 H. m., from the causes and on the date stated above.								
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED								
Withou Finney	м. р. 7		od (Kd.		3/20/50			
24A. BURIAL. CREMA- 246. DATE 24C. NA TION, REMOVAL (Specify)	ME OF CEMETERY	OR CREMATORY	240. KOCATIC	N (City, town	or county) (State)			
3/22/30 00	udle 10	ele Cem	Freds	rek Orc	<b>\</b>			
DATE RECEIVED BY REDISTRAR'S SIGNATURE	13	FUNERAL DIRE	CTOR O	427	ADDRESS			
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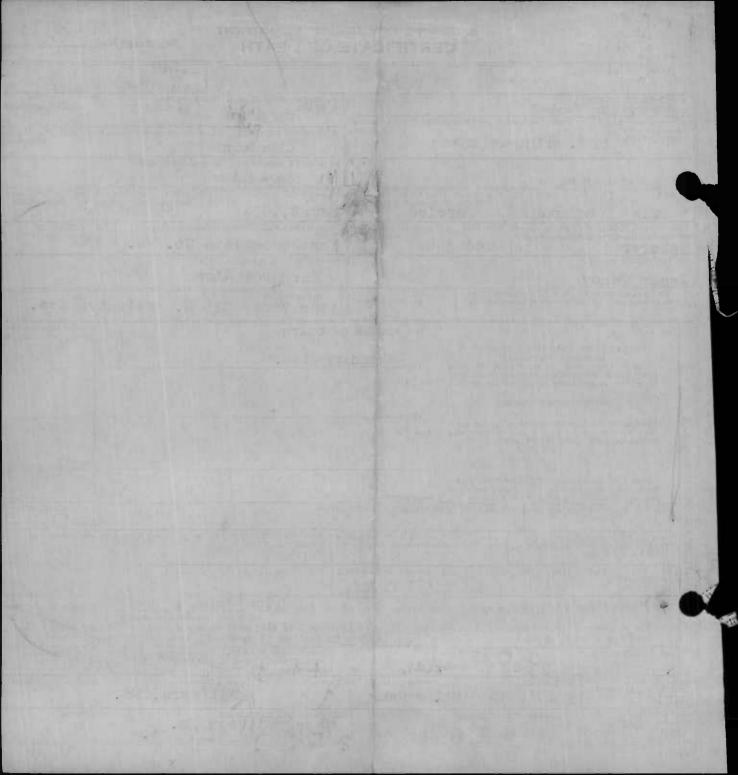
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TARREST TO SELECT MESSAGE STRUCTURED TO STORE THE PROPERTY OF THE PARTY. 



1 5	MS1362	258	BAL	TIMORE CITY HE	FALTH DEPART	MENT	50 2533		
\$6	253	19-07183		CERTIFICAT			ed No.		
	NAME OF D Type or Print)		hael Jo	mas		2. DATE OF 3	1–16–1950		
	S. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESID	ENCE (Where deceased live	ed. If institution: residence		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location)  4940 Eastern Ave.						limits, write RURAL and giv			
	Length of s	tay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDR	ess (If rural, give location son Ave.	n)		
	Male	6.COLOR OR RACE	Singl	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   1 Under 1 Year   1 Under 2				
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Maryland				
13	3. FATHER'S N	Robert Jones			14. MOTHER'S MAIDEN NAME Thelma Hall				
	5. WAS DECEASE	ED EVER IN U, S. ARMET (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records—B.C.H.—4940 Eastern Ave.				
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A) Brain Tumor  (A) Brain Tumor								
RTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	IG			over		
CERTIF	TRIBUTING TO THE DEATH, BUT NOT RELATED								
AL	3-15-50	OF OPERATION   1	777	at the 3rd.		20. AUTOPSY?			
EDICA	LYING O	ENT WAS UNDER-		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			ity, give exact location)		
Σ									
	22. I hereby certify that I attended the deceased from 3-2-, 1950, to 3-16-, 1950, that I last said deceased alive on 3-16-, 1950, and that death occurred at 2:20Bm., from the causes and on the date stated at 23A. SIGNATURE 23B. ADDRESS  B.C.H4940 Eastern Ave.								
2 TI	ON REMOVAL (S	speotry)	950	arlenter To	RY OR CREMATORY		town, or county) (State)		
D	ATE RECEIVE	BAR REGISTRAR	SIGNATU	lieus Mir	25. FUNERAL DIR	Amil Junes	Il One.		
	VS 150		0 7 5	U	253	5	548		

- probable Consequenters type be determined -- ? Probably malignant. Letter in document file 50-2533-5/4/50.

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE . (Irene Elizabeth Falise) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balt, Move Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY before admission) A. STATE Marylarid location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin) South Baltimore General D. STREET ADDRESS (If rural, give location) Thomas Length of stay in Baltimore AUETILE Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year | Il Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) ABOUT 5/11/03 Married ABOUT 46 Baltimore (Varyland

14. MOTHER'S MAIDEN NAME 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife at home U.S.A. John Meyers (Myers)
15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) Joanna Nace. 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr. Charles Falise. 1642 Thomas Ave. n one INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIF

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

Mar. 20,1950

NOT WHILE! WHILE AT

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3116, 1950 to 2-17, 1950, that I last saw the . 1950, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

1213 Wight

23B. ADDRESS

Loudon Park Cemetery.

Baltimore, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

deccased alive on 3117

23A. SIGNATURE

24A. BURIAL CREMA-TION, REMOVAL (Specify)

5. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

(If in Baltimore City, give exact location)

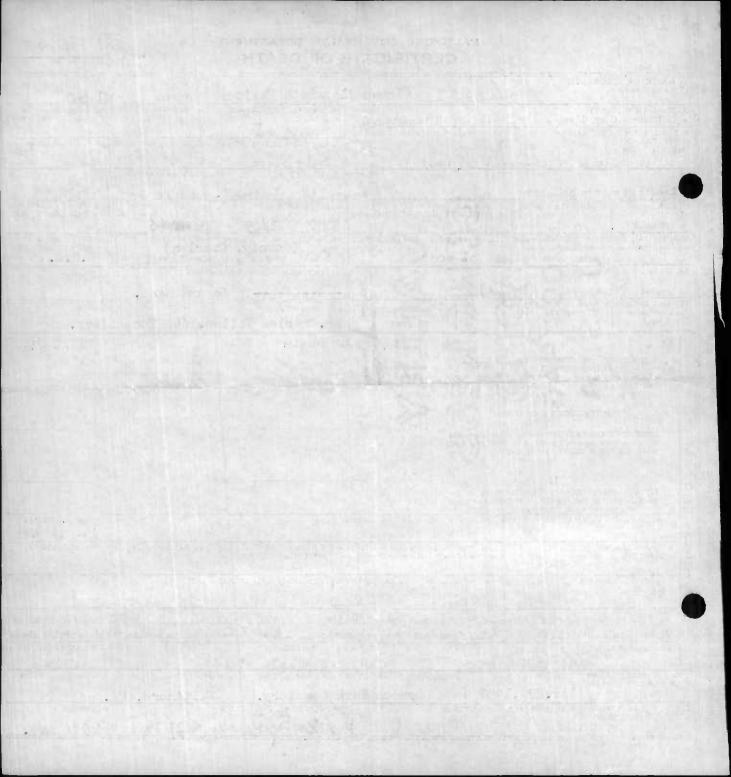
Common. 4611 Park Heights Ave.

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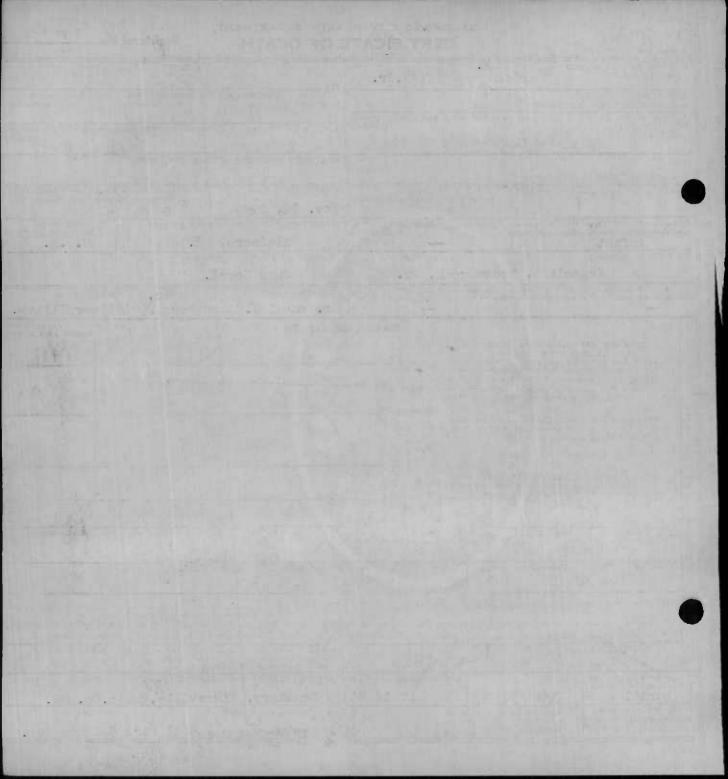
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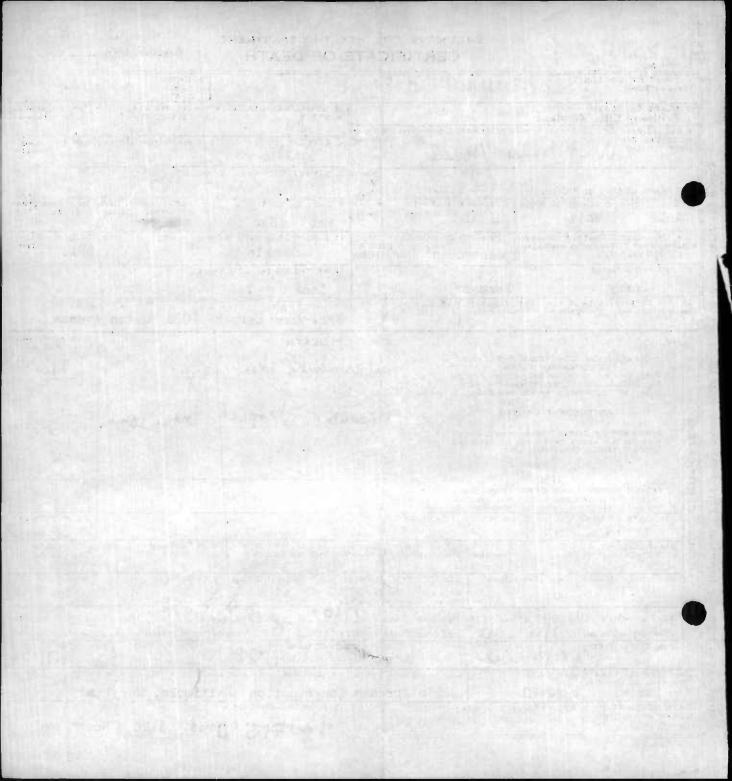
20. AUTOPSY? YES NO

23c. DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE March 17, 1950 (Type or Print) Rosenbrock Jr. Francis OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF ''f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION West Baltimore General Hospita Beltimore p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2011 Silver Hill Ave. Davs 9. AGE (In years fi Under 1 Year last birthday) Months: Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Nov. 12. 1949 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10s, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY infant Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis X. Rosenbrock. Sr. June Doyel. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Sr. ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Francis X. Rosenbrock, 2911SilverHillAve. CAUSE OF DEATH 160 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Second and third degree hurns (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2011 Silver Hill Ave 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED of INJURY ch 17, 1950 WHILE AT Crib afire 22. I certify that I took charge of the remains described above, held an Insp. & Inc. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ , accident ], suicide [ , homicide [ , undetermined [ . 238 CHIEF MEDICAL EXAMINER .... D 23A. SIGNATORE 23c. DATE SIGNED March 17, 1950 MEDICAL INVESTIGATOR .... 24A BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 246. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) burial Druid Ridge Cemetery, Pikesville, Balto.Co. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR 4611 Park Heights Ave. VS 151





50 2537 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) March Adolf Mever OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) 4305 Rugby Road C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. . Length of stay in Baltimore 4305 Rugby Road Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male whi te married Sept 13, 1866 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR PROTESSOR OBDUSTRY PSYCHIATRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) physician Switzerland United Stat 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rudolf Meyer Anna Walder 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Eunice E. Winters. No Sec. 18.6 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerosis (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 1'm & source. UNDERLYING CONDITION LAST. thrombosis of zight carotis 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Lower 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from July 1 1948 to March 1719 50that I last saw the deceased alive on March 171950, and that death occurred at 11 Am., from the causes and on the date stated above, 23A. SIGNATURE

24c. NAME OF CEMETERY OF CREMATORY

23¢. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B. DATE

State

Burial DATE RECEIVED BY

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24b. LOCATION (City, town, or dounty)

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

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20. AUTOPSY?

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township)

MAR 70 1950

REGISTRAR'S SIGNATURE

Viltaurs, Mes

25. FUNERAL DIRECTOR

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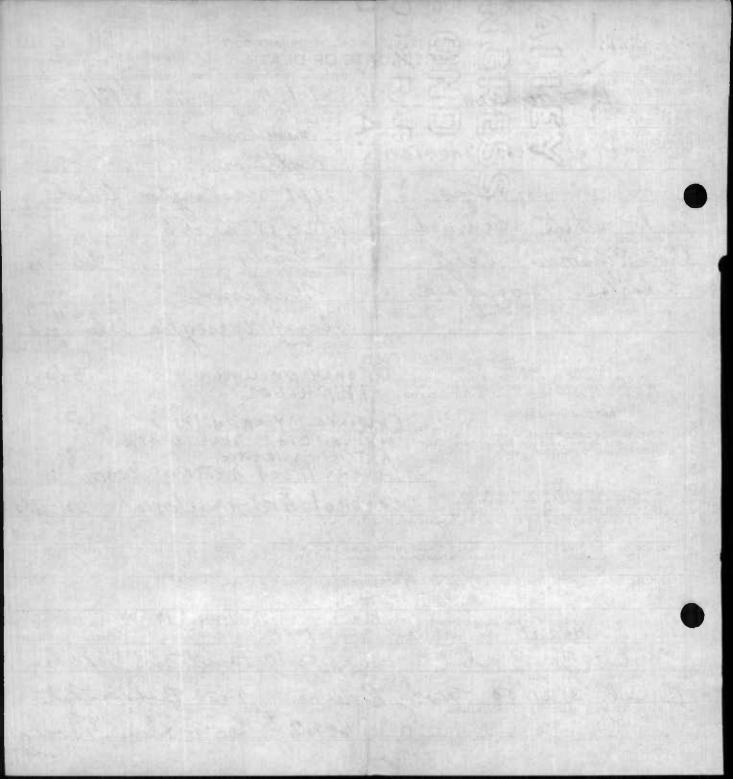
BALTIMORE CITY HEALTH DEPARTMENT 2538 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Marie M. Pracht DEATH March 19, 1950 supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland 4203 Springdale Ave. B. COUNTY A. STATE before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mrs. Lewis Nursing Home township) carefull Baltimore, Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3710 Springdale A\_e. Length of stay in Baltimore Days 6. COLOR DR RACE I 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Nov. 3, 1862 Female white single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Balto. Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Praght Anna Mathes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO. Miss Helen Pracht 204 Cedar Croft Rd. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Bronchopneumonia General + cerebral arterio-sclerois + semility LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT 22. I hereby certify that I attended the deceased from 12 Mar 1950 to 19 Mar , 1950 that I last saw the deceased alive on 19 Man, 1950, and that death occurred at 10:30 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 202 920 St. Vaul 20 Mar. 50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Frederick Ave. Balto. Md. Burial Loudon Park DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Flores 1900 Eutaw Place VS 150

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	of allegatings often	
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PLEASE WRITE PLAINLY, WITH UNFADING INC. Every new or manners, should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

50 2541 Registered No.

BI	RTH NO.	E OF DEATH
(T:	NAME OF DECEASED  ype or Print)  Manage  Manag	2. DATE OF DEATH MANUA 16,1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION  ANNS ROPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
-	Length of stay in Baltimore 15 yn Mos. Days	410:5, Paca St.
(1)	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	0//5/1907 43
10 wark	A. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)  Let Plant M	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
X	Jam Mines	lend Examen
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or onknown) (If yee, give war or dates of service) 312-20-6257	17. INFORMANTS HOPEIRS HOSPITAL ADDRESS
	18. OTT X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
CATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	nre of syphilitic
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL AL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
EDIC.	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from	-16, 1950, to 3-16, 1950 that I last saw the
	deceased alive on 3-16, 1950, and that death occu	
	10.4 00 10.1	236. DATE SIGNED 23C. DATE SIGNED ALCU 17.1950
24	A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE THE REMOVAL (Specify)	
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 108-2 ADDRESS
1	MAR 201950 manugion // tauty 1/45 x	Ad Brown & Son-montgomery St
	VS 150 988X	6. 30)

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2543

	00	149
Registered	No	

	NAME OF D pe or Print)	Charles	A. wit	2		OF DEATH 3-10	F-50
A.		City, Maryland			A. USUAL RESIDENCE (VA. STATE		before admission)
HO	SPITAL OR STITUTION	(In 10h M	1	fosp, tal	c. CITY OR TOWN (II	outside corporate limit	ts, write RURAL and give township)
4			/ ,	Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore	Yea	Mos. Days	Emersonian .	17 gartment	
9.	SEX M	6. COLOR OR RACE	WIDOWED	MARRIED. D. DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In years   Mo	if Under 1 Year If Under 24 Hours on the Days Hours Min.
10/	. USUAL OC	CUPATION (Give kind of working life, even if retired	I IOB KIND C	F BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
0-	rendo	no	Llang	et also	- Baltimon,	1	٧٤٪
13.	FATHER'S	NAME Name		PRGAMIZATIO	14. MOTHER'S MAIDEN N	AME	
15.	WAS DECEASI	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	,,,,	DDRESS ON
(Yes	no or unknown)	(If yea, give war or dat	es of service)	SECURITY NO.	ma maritil	n wit Es	Same
	18. 1/3	D 0 .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		04.	T		14 kmen
		not mean the mode are, asthenia, etc. It me	of dying, e.g.,	(A)	a coronary or	erosan.	7700
	injury or	complication which	caused death.)	DUE TO			
z		ANTECEDENT CAU	SES	(B) art	mi sclentie hes	nt clusterse	years
음	RISE TO 1	S OR CONDITIONS,	STATING THE	DUE TO			
CA	UNDERL	YING CONDITION L	AST.				
1		11		(C)			******
ERI	TRIBUTIN	SIGNIFICANT CONE TO THE OEATH, BUT	NOT RELATED				
		F OPERATION		INDINGS OF OPE	RATION		20. AUTOPSY?
Y.	214 ACCIDS	ENT. SUICIDE.	1 21a PLAC	E OF INJURY (e.g.	in or   21c, WHERE DID (	If in Baltimore City,	YES NO L
EDI	HOMICIDE	(Specify)		n, factory, street, office bldg			
2	21D. TIME OF INJURY	(Month) (Day) (Year		E. INJURY OCCUR	Appeal of the Control	Y OCCUR?	
			m. W	ORK NOT WHILE			
	22. I hereb	y certify that I at	tended the de	eceased from M	auch 18, 1950, to 1		
	deceased a	live on March 1	19.30, an	nd that death occ	23B. ADDRESS	the causes and on t	he date stated above.
		W. 7. Coy 33	2,	м. р.	Union memorial	Haspelot	3/18/50
	A. BURIAL, N. REMOVAL (S		24	C. NAME OF CEMET	ERY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
A DA	MIAS	D BY L FGISTOAR	1950   (A	Jallo Ho	25, FUNERAL DIRECTOR	Kaiol Col	ADDRESS T
	CAL REGIST		v. Willian	De Albert	M. S. Sorbolk	and the	Hace Blace

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2544 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF OECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B COUNTY before admission) A. Baltimore City, Maryland A STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1/ WINCHESTY D. STREET AOORESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, OIVORCED (Specify) June 27,1870 Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Balto. Police work doos during most of working life, even if retired)
Lieut. Police WHAT COUNTRY Del. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Fooks Isaac D. Oliphant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mr. Herman Oliphant 623 E. 35th St. 219-28-6568 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Jeantenoise - Antenioselestie C. V disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 1 TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \supseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town or county) Loudon Park Cem. 3/20/50 Balto., Md. Burial DATE RECEIVED BY 25. FUNERAL PIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

WM & J. TICKNER & SONS

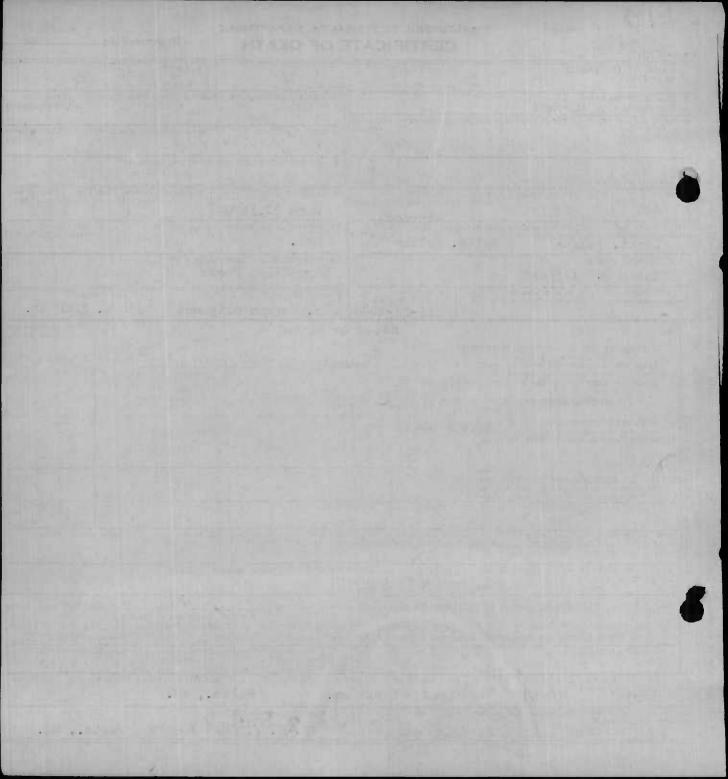
Balto., Md.

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3 .	NAME	OF.	DECEASED
	was on I		

J. W. HARVEY BURGOON

2. DATE of Mar. 18, 1950

Registered No.

		DEATH	
S. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospit	tal or institution, give street address of	- See See See See See See See See See Se	A A
HOSPITAL OR	Hilton St.		te RURAL and give township
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	Mos. Days		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		
male white	widowed	May 7, 1862   88	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			CITIZEN OF WHAT COUNTRY
Owner	Butter & Egg	Carroll Co., Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Aaron Burgoon		Louise Hornberger	
15. WAS DECEASED EVER IN U. S. ARME		17. INFORMANT ADDRE	ESS AV.
(Yes, no or unknown) (If yes, give war or date	es of service) SECURITY NO.	Mr. John Burgoon 1011 S.	Beechfield
Z O DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT	SES  (B)  IF ANY, GIVING  ) STATING THE DUE TO	dis Viscular diseas.	2 weeks.
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
A			YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		exact location)

21E. INJURY OCCURRED

1950, to 3

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT

22. I hereby certify that I attended the deceased from 3 1950, and that death occurred at 530 Am., from the causes and on the date stated above. deceased alive on 3/18

238. ADDRESS 1212

23c, DATE SIGNED 19/50

1950, that I last saw the

23A SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial

24B, DATE 3/21/50 24C. NAME OF CEMETERY OR CREMATORY

Balto., Md. Loudon Park Cem

DATE RECEIVED BY

REGISTRAR'S SIGNATURE the to National Miliames Miles 25. FUNERAL DIRECTOR d. TICKNER & SONS ADDRESS

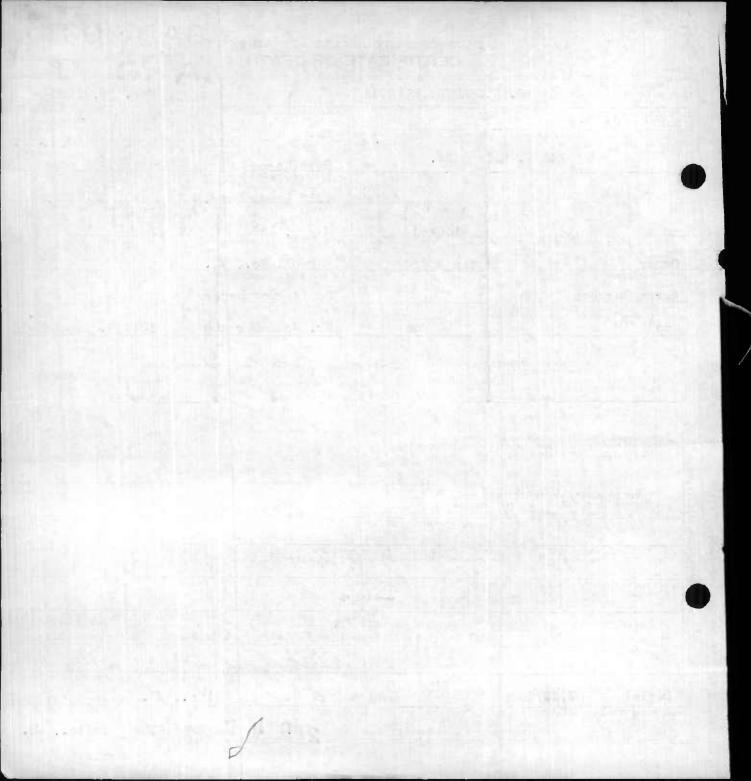
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Balto., Md.

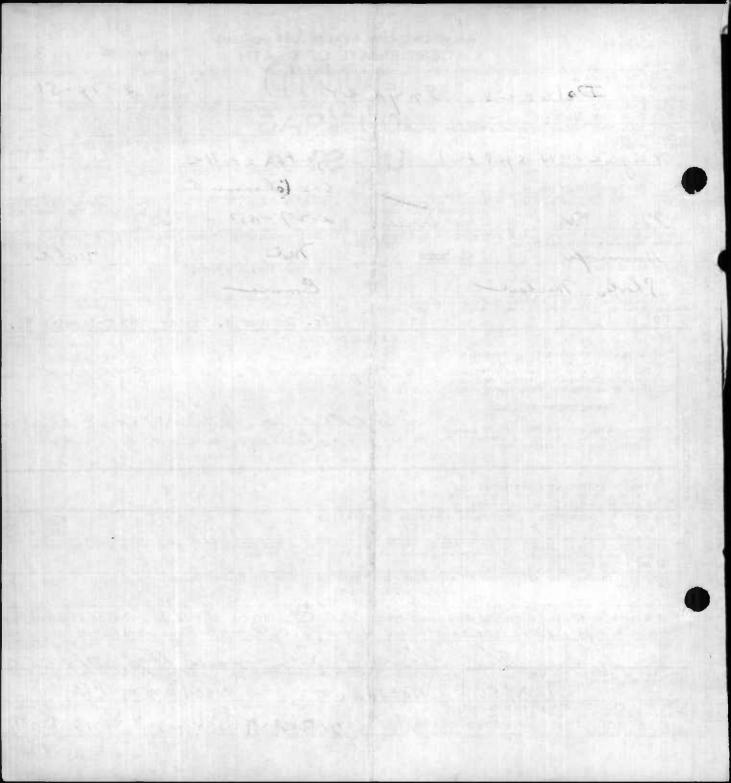
causes of please write the Physicians:

death clearly and legibly.

PLEASE WALLE LEALINGT, Correct age is especially important.



BIRTH NO.  CERTIFICATE OF DEATH  Registered No.  1. NAME OF DECEASED	
1. NAME OF DECEASED	
(Type or Print) OF 2-19-	50
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution:)	residence e admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
INSTITUTION (If outside corporate limits, write RUR	AL and give township)
Stagnes Hospital Sator sville 28 50	00
Length of stay in Baltimore Days 602 Classica Rd.	
9, WIDOWED, DIVORCED (Specify) 2-77-1887 last birthday) Months Days 1	If Under 24 Hours Lours Min.
10A. USUAL OCCUPATION (Give kind of working life, even if retired)  Advances (State or foreign country)  At home  11. BIRTHPLACE (State or foreign country)  WHAT  WHAT	COUNTRY?
13. FATHER'S NAME	
Shorter Michael Emma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 17. INFORMANT ADDRESS	
no no Mr. Chester M. Snyder 602 Colerai	ne Rd.
	AND DEATH
injury or complication which caused death.)  ANTECEDENT CAUSES  Z  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONOITION CAUSING IT.	EMORIC SE
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, ALL YES	H NO
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, form, factory, street, office bidg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or about home, form, factory, street, office bidg., etc.)  INJURY OCCUR?	cation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from , 1957 to 3/19, 1957 that I la	st saw the
deceased alive on 3/19, 1950, and that death occurred at 7.06 m., from the causes and on the date sta	ted above.
Cholin W. Steen M.D. St. Commen Hough 3/1	9/00
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county), TION, REMOVAL (Specify) 3/33/50 Wood awn, Wood awn,	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	-
MADONIGED I WANTED THE MENTING OF THE MAN OF	Balto



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. Length of stay in Baltimore o ar Days BEGAGE (In years If Under I Year Hours Min. and 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) clearly Married 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Meiser Laura McCann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDOAtonsville (Yes, no or unknown) SECURITY NO. Mr. Arlin P. Fisher causes no no 6 Osborne Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH LEUMATIC CAMOIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. UASCULBA DISEASE injury or complication which caused death.) ANTECEDENT CAUSES (B) C MULTIPLE CENERIAL DISEASES OR CONDITIONS, IF ANY, GIVING EM 13061 RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factor y, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 1950 to. 22. I hereby certify that I attended the deceased from. , 192 Othat I last saw the deceased alive on I 18 . 19 80 and that death occurred at 16.30 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 82 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 3/22/50 Cathedral C em. Burial Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRARwww. ofor thursday this Balto., Md. VS 150

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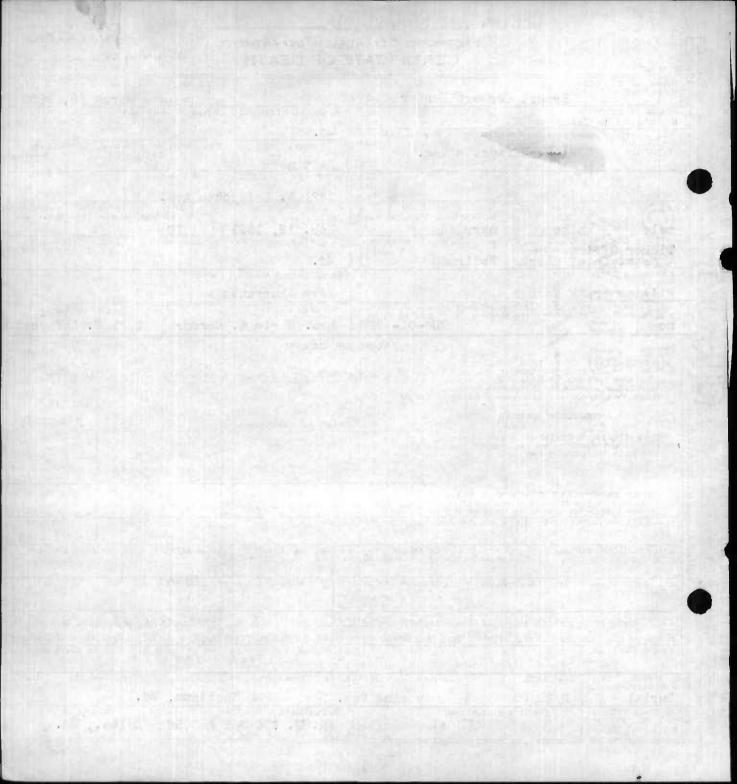
CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ernest Herbert Horner March 18, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write-RURAL and give INSTITUTION 2321 W. Lafayette Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 2321 W. Lafavette Ave. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. male white married Feb. 12, 1891 IOA. USUAL OCCUPATION (Give kind of work of high the rest of further to even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Asst. Chief Clerk Railroad Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kate Sharratts William Frank Horner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo 16. SOCIAL 17. INFORMANT ADDRESS Ave. (Yes, no or nnknown) 705-05-7986 causes 2321 W. Lafavette no Mrs. Marie A. Horner CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the Justant LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO 1 month ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 2 IF, HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from Feb 18 1944, to hearth 14, 1940, that I last saw the deceased alive on March 1, 1950, and that death occurred at 4 A m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 202 504 murdock Coast Gams Tr. Bellups 3/19/5-0 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Lorraine Cem. Woodlawn. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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supplied.

Balto., Md.

TICKMER & SONS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland / 2/5 West: Rlu B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION carefull umore Yrs. D. STREET ADDRESS (If gural, give location) c. Length of stay in Baltimore 1210 Washington Days 5, SEX 6. COLOR OR RACE 7. SINGLE. MARRIED VMDQWED, DIVORCED (Specify) male 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during work of work log life, even If retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informati 15. WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no or unknowo) (If yes, sive war or dates of service) 16. SOCIAL SECURITY NO. very item of i 212-01-3472 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO arterio Aclerosa 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially WHILE AT WORK AT WORK . 194/ to\_ 22. I hereby eertify that I attended the deceased from Jan 17 deceased alive on May 17, 1950, and that death occurred at 1 Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS S 4A. BURIAL CREMA-

2549 Registered No. 2. DATE OF DEATH Man. 1 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years last birthday) | Months Days | H Under 24 Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) \_\_\_, 19\_\_\_, that I last saw the 23c, DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

25, FUNERAL DIRECTOR

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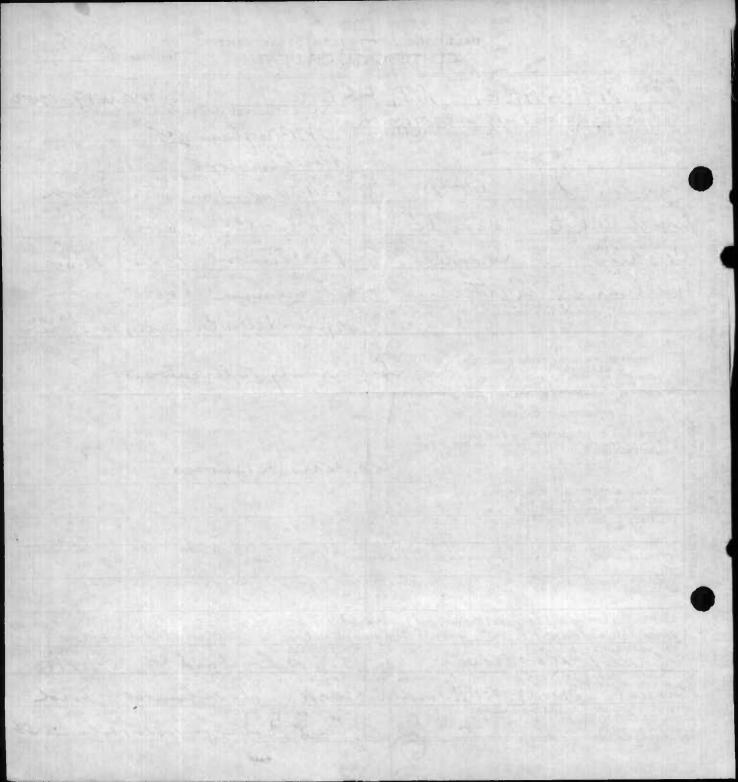
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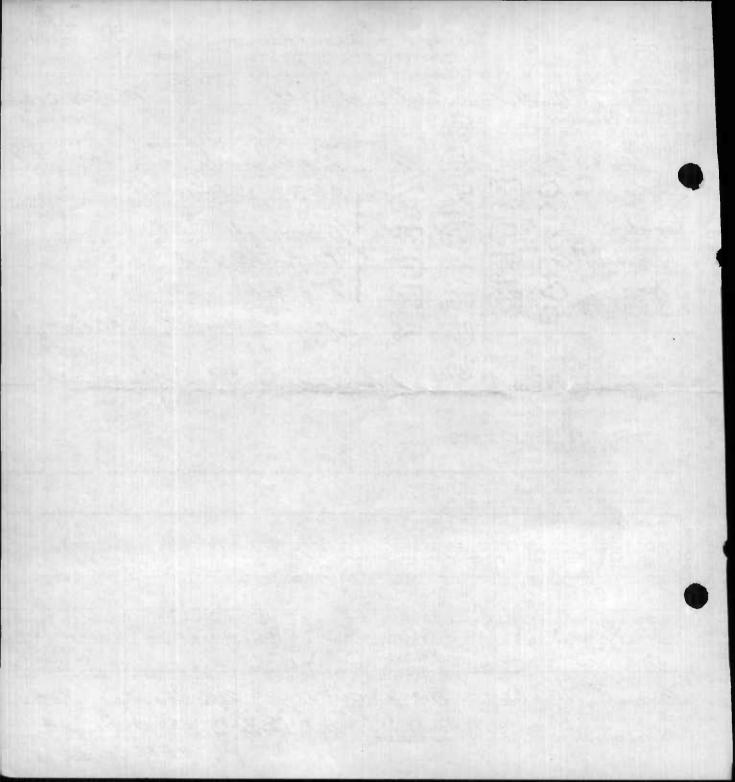


Physicians:

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#### BALTIMORE CITY HEALTH DEPARTMENT

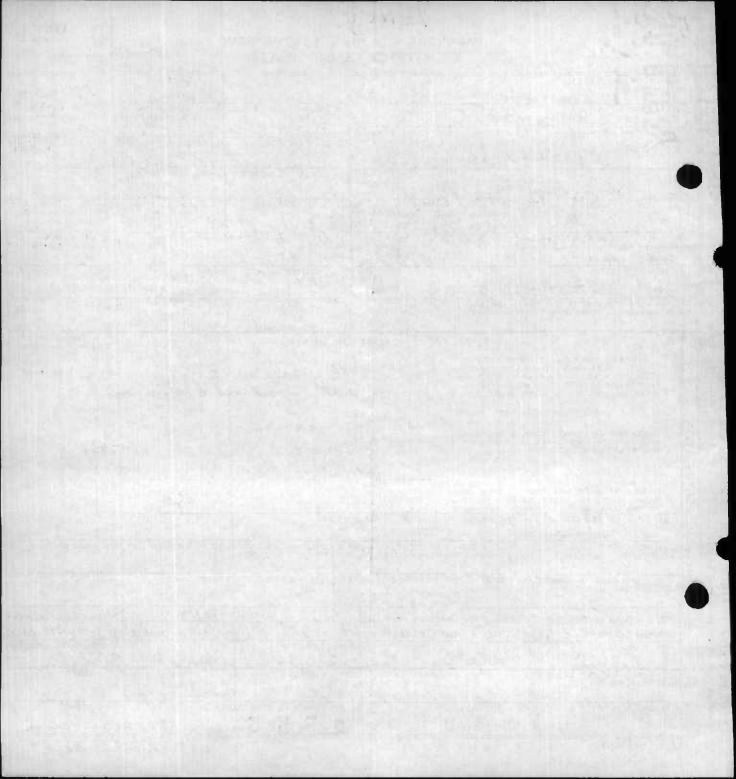
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write KURAL and give INSTITUTION township) Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years | | Under | Year | | | Under 24 Hours | last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? ousewel 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 2633 Brown 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH coldin-reval CIUDIVL (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK . 195 Othat I last saw the 19500 22. I hereby certify that I attended the deceased from \_\_\_ , 1950 and Ahat death occurred at 9 Am., from the eauses and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED MADISO 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF DEMENER 24B. DATE OR CREMATORY 24D. LOCATION (City, town, or county) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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correct



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BALTIMORE CITY HEALTH DEPARTMENT

(BI	RTH2N5.52	CERTIFICATE	E OF DEATH	Registered N	0
1. (T)	NAME OF DECEASED ype or Print)	y Terust	E BERESTEE	2. DATE OF DEATH Man	h 18/40
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI		
B. HC	FULL NAME OF (If not in hospital	or institution, give stront address or location)	C. CITY OR TOWN (1)	utside corporate limits	, write RURAE and give
	Nome you da	Yrs.	D. STREET ADDRESS (If p	ural, give location)	
C.	Length of stay in Baltimore	Mos. Days		alley Sf	
	The W.	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	Sept 24, 1867	9. AGE (In years II last birth ay) Mon	Under 1 Year H Under 24 Hours this Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME John	Geisen	6 ath Len		4
15 (Yes	WAS DECEASED EVER N U.S. ARMED (1f yes. give war or dates )	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Siean	Ighoshis AL	DDRESS
	18. 477.	CAUSE	OF DEATH	/	INTERVAL BETWEEN
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e. g., (A)	Lema Len	ngo	1day
N	injury or complication which cau	s (B)	ronic Myc	cardelis	8 yr
CATIO	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE DUE TO	3-1-13	6	11/11/11
FIF	11	(C)	anus de	Choses	10 96
CERTI	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OF CONDITION OF	OT RELATED			
AL		MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e		in Baltimore City, g	ive exact location)
Ž	21D. TIME (Month) (Day) (Year) (F OF INJURY	Hour) 21E. INJURY OCCURRED  MHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I atten	nded the deceased from M			I that I last saw the
	deceased alive on Mals,	1950, and that death occur	red at 10:253 m., from th	e causes and on th	e date stated above.
	& LU	Hall Mil. D.	1631EN or	ite are	3/20/60
24 TIC	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)  USurial  Way. 21	1959 Calledr	RY OR CREMATORY 24D. LC	Ballimor	
	ATE RECEIVED BY REGISTRAR'S	SIGNATURE!	25. FUNERAL DIRECTOR.	200019	ADDRESS PASIS

# BALTIMORE CITY HEALTH DEPARTMENT

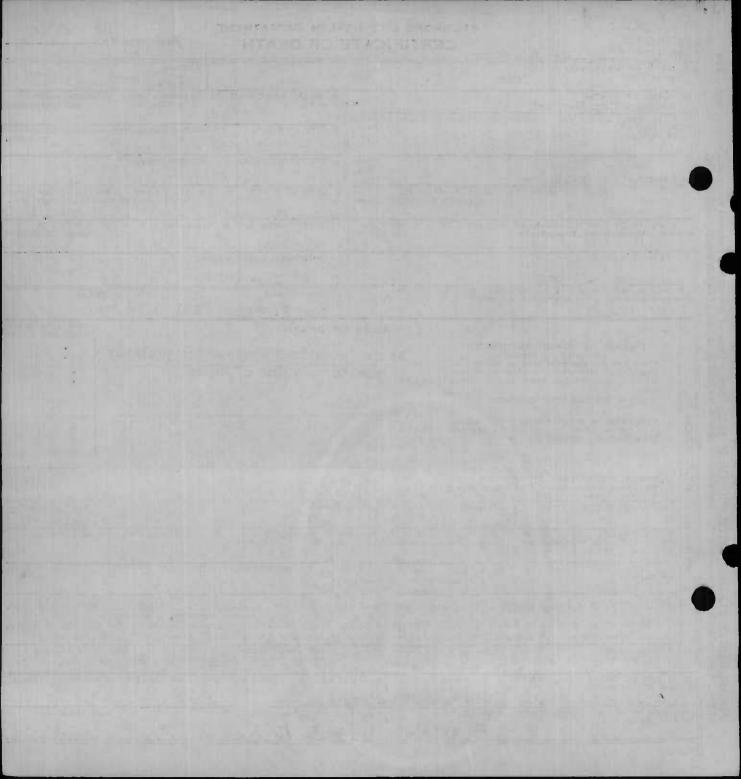
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5	0 2553 IRTH NO.		CERTIFICA	ATE OF DE	EATH	Regist	tered No		
1.	NAME OF DECEASED	ra E	Magness			2. DATE OF	Manch	10	1050
A.	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	RESIDENCE (Wi	DEATH here deceased l B. COUI		tion : resi	idence dmission)
H	FULL NAME OF (If not in hospic OSPITAL OR NSTITUTION 833 W1111		tion, give street addre loca	tion) C. CITY OR	land TOWN (If o	utside corpora	ate limits write		and give township)
C	. Length of stay in Baltimore	Life	T.	100	William		tion)		
	Female White	Widow	E. MARRIED. VED, DIVORCED (Sp DWOOL	Aug.	30,1860	89	lay)   Months I	eat Hu	nder 24 Hours
MOL	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired None  3. FATHER'S NAME	Nor	O OF BUSINESS O INDUS	Maryla 14. Mother	S'S MAIDEN NA		W	HAT CO	DUNTRY
1	Unknown 5. WAS DECEASED EVER IN U. S. ARME	D FORCES	1 16. SOCIAL	Unkn					V
(Ye	es, no or unknown) (If yes, give war or dat	es of service)	SECURITY N	Mrs Edi	th Ambro	se, N	orfolk		
RTIFICATION	LEADING TO DE.  (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A UNDERLYING CONDITION to	of dying, e. ans the disea caused deat  SES  IF ANY, GIVI ) STATING T. AST.	se, h.) DUE TO  (B)  NG HE DUE TO  (C)	Brack			Nes	<i>V/</i>	Sde
CER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BU' TO THE DISEASE DR CONDITION	NDT RELAT	'ED	old	age	-		• • • • • • • • • • • • • • • • • • • •	
AL	19a. DATE OF OPERATION	19B. MAJOR	R FINDINGS OF C	OPERATION				ES T	ND
MEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY ( farm, factory, street, office		ERE DID (If OCCUR?	in Baltimore	e City, give ex	act locat	ion)
	21D. TIME (Month) (Day) (Year OF INJURY	m.		VHILE ORK	W DID INJURY	OCCUR?			
	22. I hereby certify that I at deceased alive on 3	_	and that death o	23B. ADDRESS	62 h	nte	ve 230	state	d above.
Z TI	AA. BURIAL, CREMA- 148. DATE ON, REMOVAL (Specify) 3-21-5	50	Loudon P			Ltimore	y, town, or cou	Mrh)	(State)
D.L.		SSIGNATI	URE	25. FUNERA	L DIRECTOR	nny. T	715	ress Light	t St

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NAME OF DECEAS Type or Print)	- 0527 Sea		R.	Owe	ns	2. DATE OF DEATH	March	20, 1950
Baltimore City, I	Maryland				4. USUAL RESIDENCE			ution; residence before admissio
FULL NAME OF	(If not in hospits	al or instituti	ion, give street		Mary	land		
IOSPITAL OR NSTITUTION	2401 Ails	a Ave.		location)	c. CITY OR TOWN Balti	(If outside corporat	te limits, wri	te RURAL and g townsh
				Yrs.	D. STREET ADDRESS		ion)	0.7
. Length of stay in	Baltimore			Mos. Days	2401	Ailsa Ave.		
The state of the s	LOR OR RACE	7. SINGLE WIDOW	MARRIED. ED. DIVORCE	ED (Specify)	8. DATE OF BIRTH			Yaar If Under 24 Ho Days Hours Mi
OA. USUAL OCCUPA rk done during most of workin	glife, even if retired)	108. KIND	OF BUSINE	SS OR NDUSTRY	Maryland	or foreign country)		CITIZEN OF WHAT COUNTR
3. FATHER'S NAME	Nont				14. MOTHER'S MAIDEN	NAME		
John P.	Owens				Mary L. R			
5. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL		17. INFORMANT		ADDRE	ESS
es, no or unknown) (If y	os, give war or dates	or sorvice)	SECURI	ITY NO.	John P. Owen	s, 2401 Ail	sa Ave.	
18. 7 // 2			(	CAUSE C	F DEATH		T I	NTERVAL BETWE
	CONDITION	DIDECTIV				+	1	DNSET AND DEA
							- 7-3	
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23A. SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

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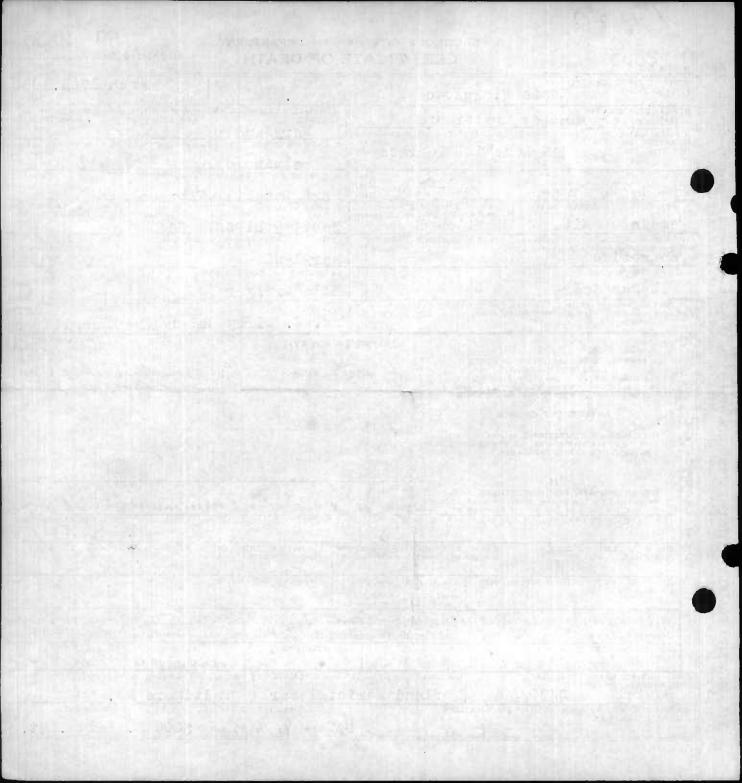
24B. DATE

3/20/50

REGISTRAR'S SIGNATURE

	Q 2555	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered	50 2555 No.
	1. NAME OF DECEASED (Type or Print) Rosie	E. Sclote		2. DATE Marc	h 17th.1950
	a. Blace of DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in bospits HOSPITAL OR INSTITUTION 525 ROS	Baltimore al or institution, give street address or location) sehill Terrace		B. COUNTY	f institution; residence before admission) its, write RURAL and give township)
riy and	c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE  Female White  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	life Yrs. Mos. Days  7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Widowed  10B. KIND OF BUSINESS OR INDUSTRY	5. STREET ADDRESS (If r 5.25 Rosehill 8. DATE OF BIRTH Sept 29th1863	Terrace  9. AGE (In years) last birthday)  86	H Under 1 Year on the Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
es or dear	13. FATHER'S NAME Thomas Sears  15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or dates)	Maryland  14. Mother's Maiden NAME  Ella Armiger  17. INFORMANT  Mrs. J. Kirby Weber 525 Rosehill ce			
s: piease write the caus	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY I'H If dying, e. g., ns the disease, aused death.)  DUE TO  THE STATING THE DUE TO	OF DEATH  tension, Carlis		INTERVAL BETWEEN
Fnysici	OTHER SIGNIFICANT CONDI-	CAUSING IT. Tumon	I sid ofnech ty	ket cause und	eternies 4 mo.
important	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If	in Baltimore City,	yes No 2

Rosehill ce INTERVAL BETWEEN ONSET AND DEATH ive exact location) 22. I hereby certify that I attended the deceased from 1950, that I last saw the deceased alive on 16, 1950, and that death occurred at 4.30 Pm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED Morland Memioral Park Baltimore Md. 25. FUNERAL DIRECTOR ADDRESS ₩ 3000 E. 13/a



	311 6330	HEALTH DEPARTMENT	50 Registered No.	2556
В	RTH NO.	ATE OF BEATH		
	NAME OF DECEASED  TOFIA Zophia Helia	s Ka	OF DEATH	5-0
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence before admission)
H	STITUTION	4. \	outside corporate limits, w	rite RURAL and give
17	534 N. Conley 54	On Itim.	1 1 1 1 1 -	0/
c.	Lamakh ad akan in D. Hi	Yrs. D. STREET ADDRESS (If	0 / 1-	
5.	SEX G. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	pecify) 8. DATE OF BIRTH		If Under 24 Hours B Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS C	OR 11. BIRTHPLACE (State or fo		
wor	done during most of working his, even if retired)	STRY	ere d	WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	
	John Sohn	Rose J Charles	czyk	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  s. no/of unknown) (If yee, give war or dates of service) SECURITY I	NO. 17. INFORMANT	6: 124 N. 10	SESS St
	DISEASE OR CONDITION DIRECTLY	teniusilentical, c	Lisease	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
-1C	<u>(c)</u>			
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY7
AL				YES NO
EDIC	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH.	e. g., in or 21c. WHERE DID (I. bldg.,etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ		URRED 21F. HOW DID INJURY	OCCUR?	
4	22. I certify that I took charge of the remains describ	cd above, held an Zu	ustin t	hereon and from
	the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural co	or Inquiry, find that said de	nspection or Inquiry ceased died on the a	lay stated above.
	23A. SIGNATURE Africante	238. CHIEF MEDICAL E ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATO	XAMINER 23c. E	ATE SIGNED
24	A. BURIAL, CREMA- 248. DATE 24C NAME OF CEN	METERY OR CREMATORY   240. LG		ousty) (State)

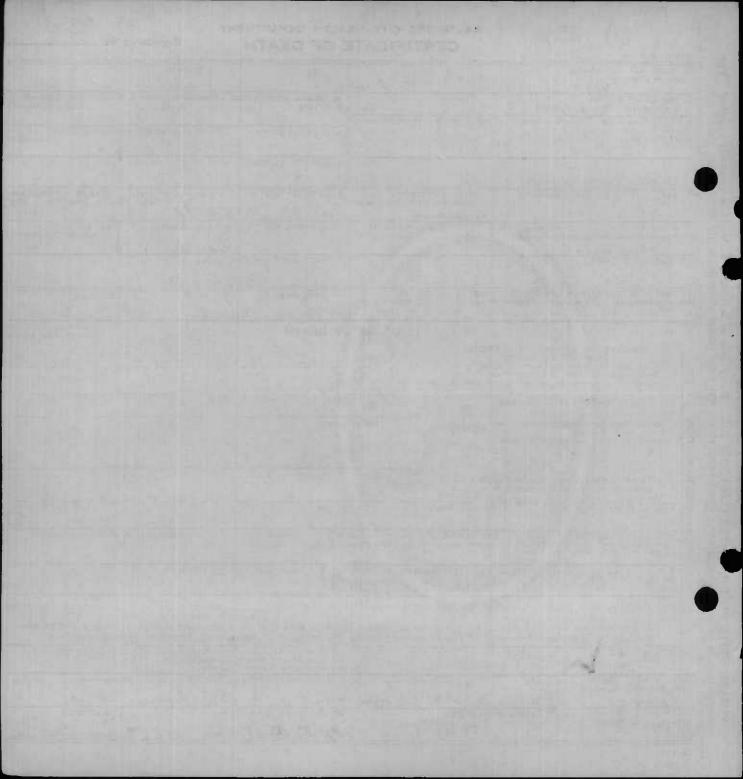
DATE RECEIVED BY LOCAL REGISTRAR MAR 201950 VS 151

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

3)

ADDRESS



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the

please write

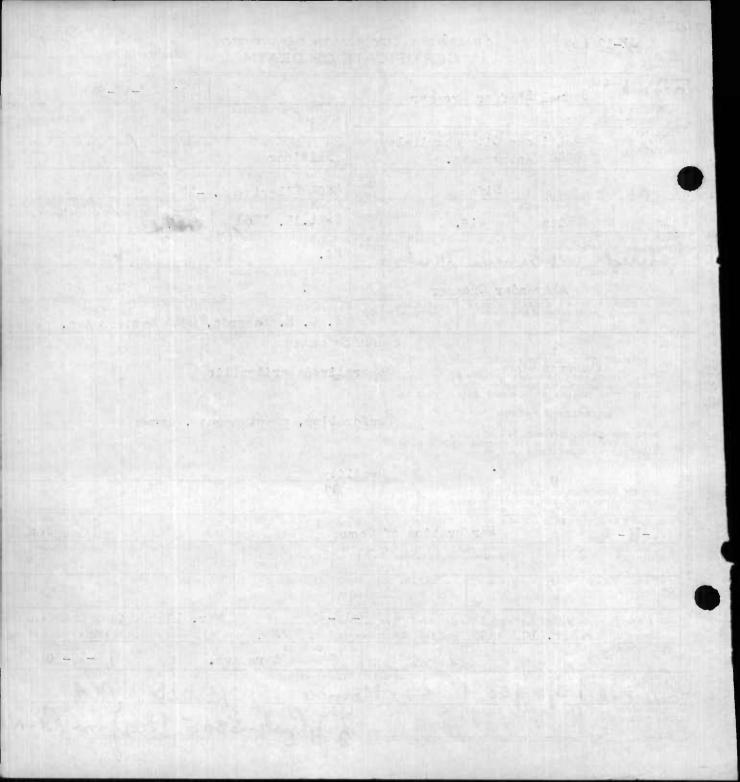
PLEASE

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2557

Registered No. I. NAME OF DECEASED 2. DATE OF Samuel Shaffer Creamer DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Af not in hospital or institution, give street address or Baltimore City Hospitals ocation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4804 Pilgrim Rd. Life c. Length of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Sept.11, 1861 103 USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR or do ed in most of yorking life of chifred in the control of the 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Creamer 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. B. C. H. Records, 4940 Eastern Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized Peritonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Perforation, spontaneous, cecum DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNFALLS Physicians: r UNDERLYING CONDITION LAST. Sanility 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION TE PLAINLY, TH Perforation of Cecum YES YOU 3-19-50 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 3-18-50 . 19 to Mar. 19 , 1950, that I last saw the WRITE ge is espe deceased alive on Mar., 19, 1950, and that death occurred at 3 AMm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave. 3-19-50 age 24D. LOCATION (City, town, or county) BURIAL, CREMA-24B DATE REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR MARTATION



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# BALTIMORE CITY HEALTH DEPARTMENT

2558

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) nson DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE ( 2 B. COUNTY (If not in Apspital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TO f outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRES (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore bha Days 6. COLOR OR RACE 7. SINGLE, MARRIED DATE AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 61 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? ume 13 FATHER'S WAME 15 WAS DECEASED EVER N U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of sarvice) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NOS ONSET AND NTERVAL 18. CAUSE OF DEATH DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 14 mos. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? PF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 220 . 1950, that I last saw the deceased alive on MAICA 15, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED BORIAL, CREMA-24B. DATE 24C, NAME OF CEMETERY OR CHEMATORY 24D. LOCATION (City, town, or County) RECEIVED BY REGISTRAR'S SIGNATURE 25 UNERAL DIRECTOR ADDRESS LOCAL\_REGISTRAR

Dr. White

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correct age is especially important.

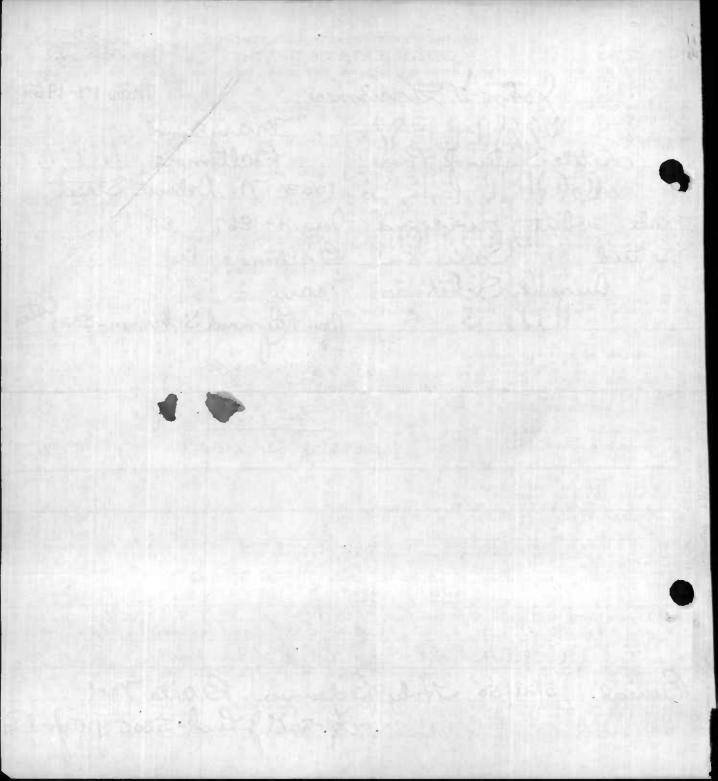
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No...

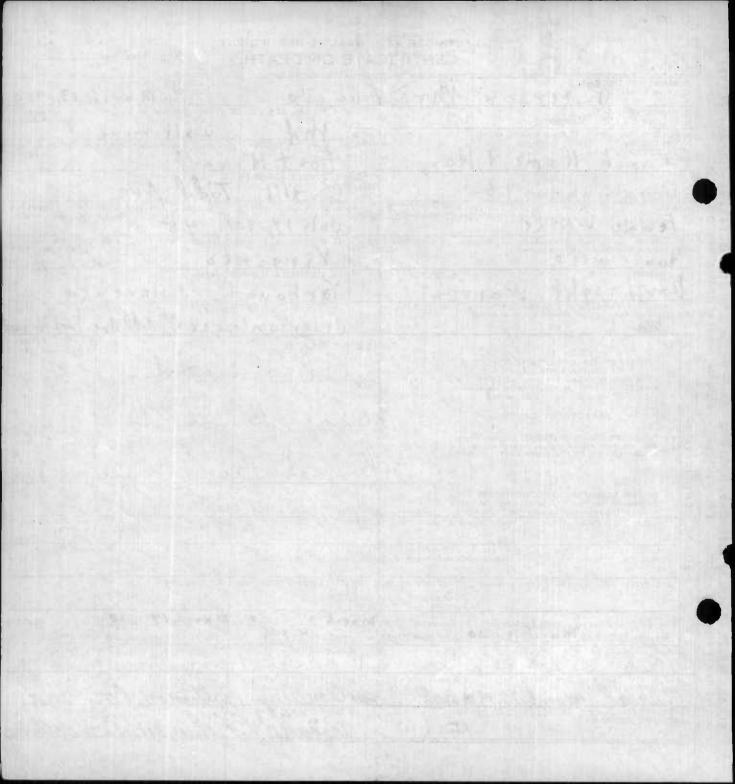
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	RTH NO.	CATE OF BEATH	
	NAME OF DECEASED J. Sch	urmer	2. DATE OF DEATH 17-1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	Where deceased lived. If institution: residence B. COUNTY before admission)
В.	FULL NAME OF (If not in hospital or institution, give street ad	postion)	land
	Little Sisters of Poor	c. CITY OR TOWN	outside corporate limits, write RURAL and give (jownship)
F	Court Status of 1000	Yrs. D. STREET ADDRESS (If	raral, give location)
	ength of stay in Baltimore	Mos. 1003 N.	Calvert Street
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify) 8. DATE OF BIRTH	9. AGE (in years   Months Days   Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or for	Dreign country)   12, CITIZEN OF
wor		BUSTRY B X OF THE	WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME
_	Mugust Schirmer	mary:	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17. INFORMAT	ADDRESS COL
-	18. ( ) CA	Mr. Maymond	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	USE OF DEATH	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Cedema Lung	s Iday
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES	Chronie Min	enidation 5 mg
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	- vow von Tyrigor	awaru //
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	artero Solero	sis Wy6
FIC			
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	FOPERATION	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, of		f in Baltimore City, give exact location)
ME	CAUSE OF DEATH	meebleg, eec. 7	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY	CCURRED 21F. HOW DID INJURY	C OCCUR?
	m.   WORK L	AT WORK	
	22. I hereby certify that I attended the deceased from deceased alive on MG17, 1950, and that deat.		
	23A. SIGNATURE	238. ADDRESS,	he causes and on the date stated above.  23c. DATE SIGNED
			and Mal8-50
J/	REMOVAL (Specify)	10	CATION (City, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
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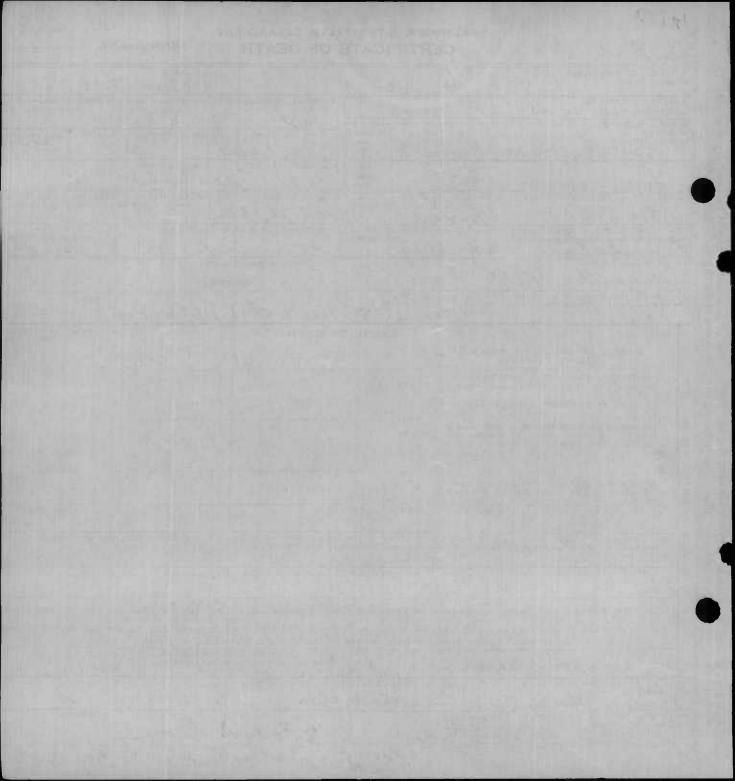


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: (Where deceased lived, If institution : residence 4. USUAL RESIDENCE A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) orate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. widowe IOA. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF ork done during most of orking life, even if retired) INDUSTRY WHAT COUNTRY? 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. CAUSE 20 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONabeta mellities TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (c. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from John . 1950, that I last saw the 19×9 to 3/10 1950 and that death occurred affe a. m., from the causes and on the date stated above, deceased alive on 3/18 23A. SIGNATURE 23C DATE SIGNED BURIAL, CREMA-REMOVAL (Spacify) 24B, DATE 24CANAME OF ATION (City, town, or county) DATE RECEIVED BY REG STRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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. The	1.	NAME OF DECEASED Alvah E. Wolf	0	DATE OF MOT.	8,1950
carefully supplied bly.	A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Continuous in hospital or institution, give street address or	4. USUAL RESIDENCE (Where A. STATE	deceased lived. If insti B. COUNTY	tution: residence before admission
ully su		ospital or istitution Baltimore Beneral Hospital	Moltimore	dc corporate limits, wr	ite RURAL and give
caref	-	Length of stay in Baltimore 30 Yrs. Mos.	1609 Marsi	hall At.	
ld be	/	Mole white married (Specify)	Jan. 26,1896	AGE (In years if Under last hirthday) Months	
clearly an	Worl	OR. USUAL OCCUPATION (Give kind of the following most of working life, even if retired)  Occumative Engineer R. R. (B. 30.)	11. BIRTHPLACE (State or foreign	(country) 12.	CITIZEN OF WHAT COUNTRY
2,4	13	Lugartha Walfe	Posa Moore		
of of	(Ye	s. no or unknown)  (If yes, give war or dates of service)  (If yes, give war or dates of service)  705-12-3757	Mrs. Esther L. Wo	lfe (wife) -	Hame
Every item write the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	Cotondry ]	Disegre	INTERVAL BETWEEN ONSET AND DEATH
ADING INK.	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
UNFADINC Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		n W. Gu	20. AUTOPSY?
important.	EDIC	21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., c		Baltimore City, give	exact location)
y im	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE IN. WORK AT WORK			
esp.		22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nquiry, find that said deceas	ction or Inquiry acd died on the d	hereon and from ay stated above termined $\Box$ .
age is			23B. CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXAM D. MEDICAL INVESTIGATOR	INER Mar	18,1950
PLEASE WRITE correct age is est	TIC	DANIAL - Jues Mark 2/180 Hen Haven		G - Co.	ounty) (State)
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70MAS 2563 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH M S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITE Yrs. D. STREET ADDRESS (If rural, give location) -Most c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Years | II Under 24 Hours | last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH umes 10A. USUAL OCCUPATION (Glvekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mara. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 8-10-6653 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES SUB-PHRENIC ABSCESS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. INCARCERATED INGUINAL HERNIA-OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION A.) INCARCERATED Right 19A. DATE OF OPERATIONS 20. AUTOPSYT HERNEL B.) LET SUB-OHRENIC ABOLES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK 1900 to 3-18 22. I hereby certify that I attended the deceased from 1-LO . 1920, that I last saw the im., from the causes and on the date stated above. \_\_\_, 1920, and that death occurred at Y deceased alive on 3-13 23A. SIGNATURE 23c. DATE SIGNED 3-18-50 Hamil 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Duria DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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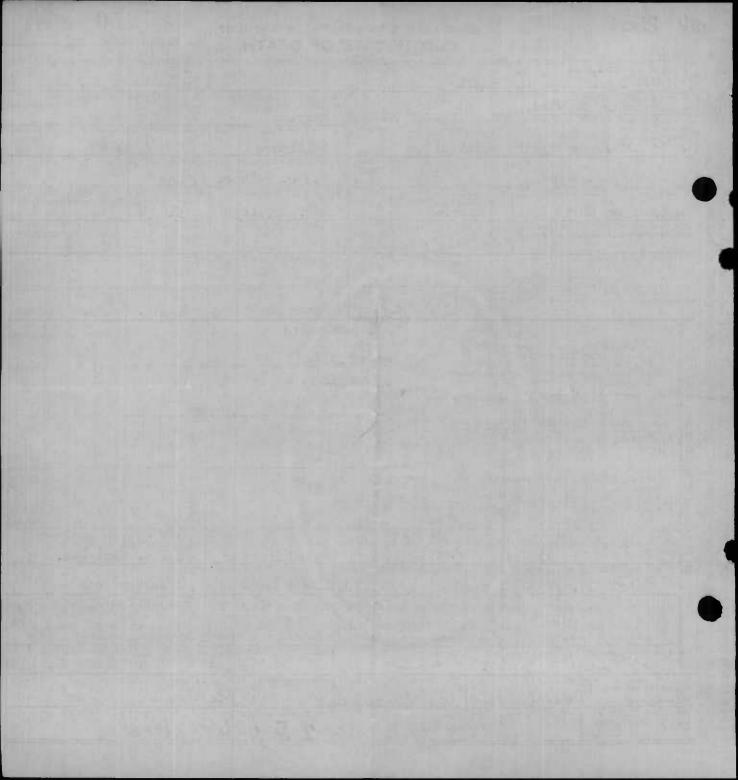
PLEASE

### BALTIMORE CITY HEALTH DEPARTMENT

2564

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) GEORGE O DOUGHERTY DEATH March 19, 1950 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 913 S. Belnord Avenue c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) male white married Aug. 28, 1898 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BARRUSIA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME George Dougherty Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or poknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO Susan Dougherty 913 S. Belnord Avenue NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxiation (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, hanging injury or complication which caused death.) ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., io or about home, farm, fuctory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING INJURY OCCUR? Garrett Barrel Company CAUSE OF DEATH. storehouse shed in rear of 1201 S. East Ave. 210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? of March 19, 1950 Hanged self from rafter by rope WHILE AT 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in ma opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNACURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED March 20, 1950 MEDICAL INVESTIGATOR 24A. BURIAL CREMA 248 DATE C. NAME OF CEMETERY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify march DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAS

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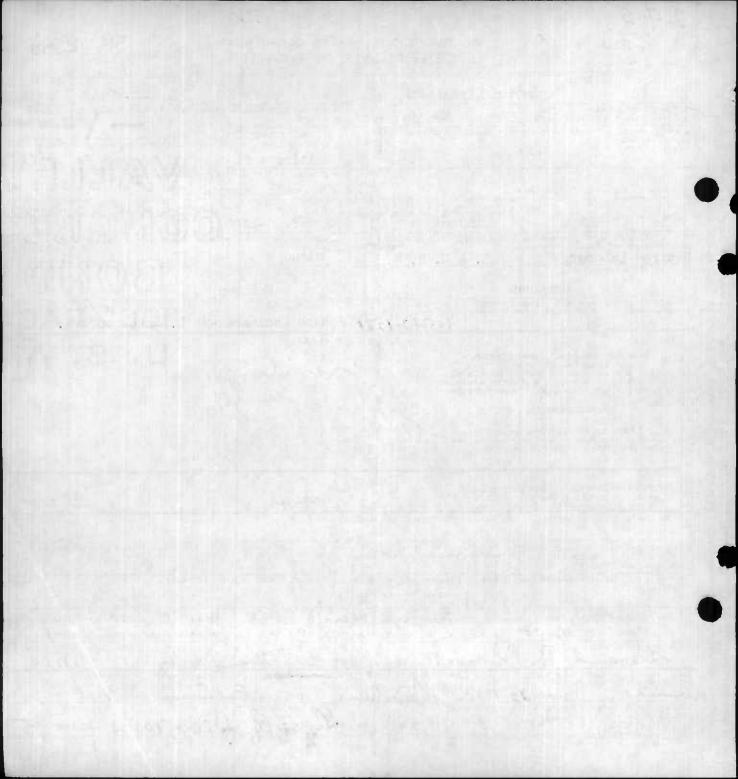
The

# BALTIMORE CITY HEALTH DEPARTMENT

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The	BIRTH NO.	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) Ignatius Cieslinski	2. DATE OF Mar. 19, 1950
y supplied.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland
arefully bly.	Home Yrs.	Baltimore 24 township)  D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore  Mos. Days	925 South Kenwood Ave
uld be	5. SEX   6. COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify). Widowed	B. DATE OF BIRTH  May /? 28-1872  9. AGE (In years if Under 1 Year Months Days Hours Min.
should be	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Laborer  10B. KIND OF BUSINESS OR INDUSTRY  B. & O. R. R.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
무	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
of of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 705-10-15-21	17. INFORMANT ADDRESS Jodeph Kaczmarek-28 N. Lakewood Ave.
UNFADING INK. Every item of i Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH  Senility  (old age)
UNFAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Grippe Week
_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., 1	YES NO
IL THE important.	CAUSE OF DEATH	otc.) INJURY OCCUR?
INIA,	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK	
TE PI esp	deceased alive on May. 18 .; 19 50. and that death occur	rred at 5.17 4.m., from the causes and on the date stated above.
E WRITE age is esp	Segment K. Plowak M.O.	238. ADDRESS Pattern Park (n. 3/19/50 ERY OR SREMMENT   240. LOCATION (City, town, or county) (State)
PLEASE correct ag	24A. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY   REGISTRAR'S SIGNATURE	is Ballimore md
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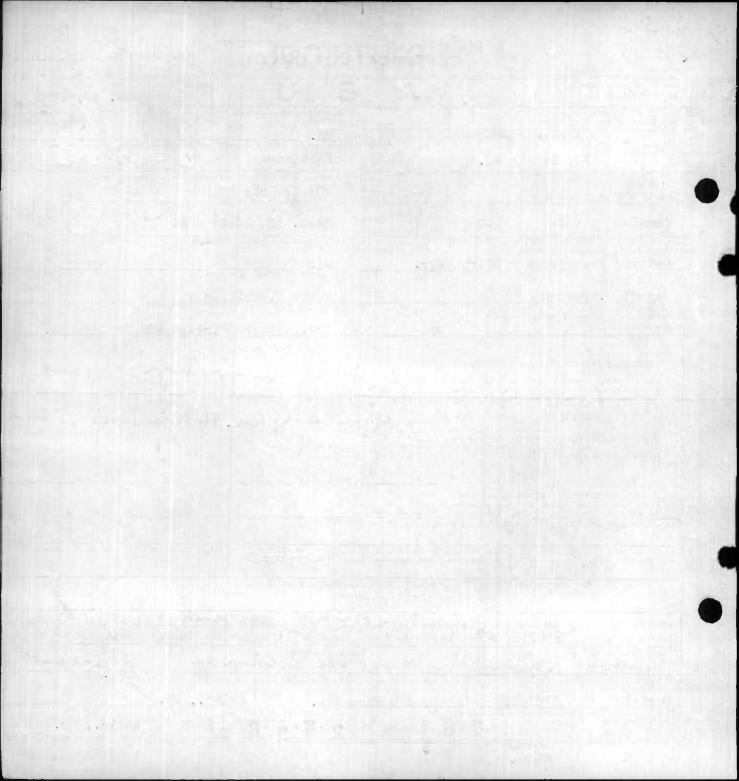
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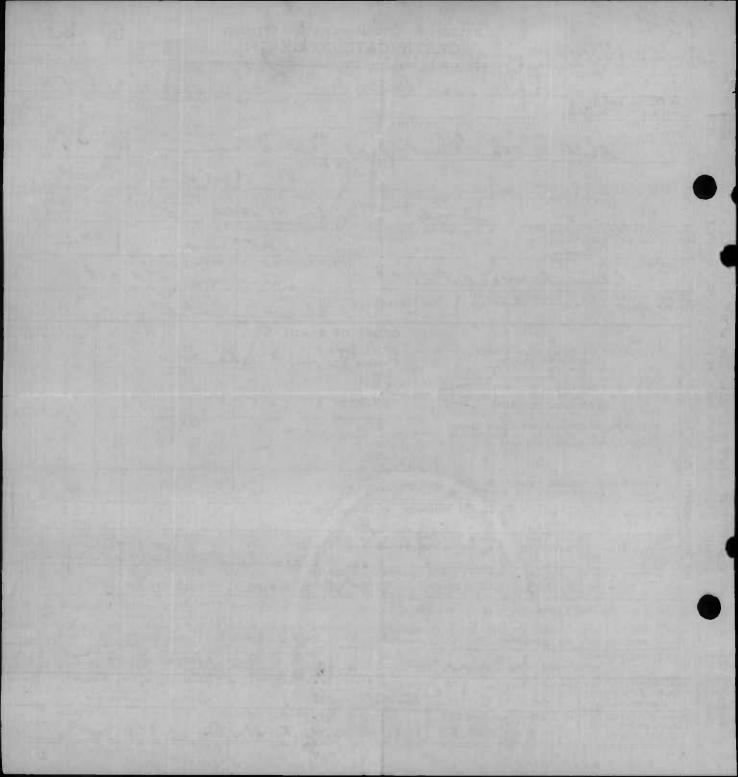
## BALTIMORE CITY HEALTH DEPARTMENT

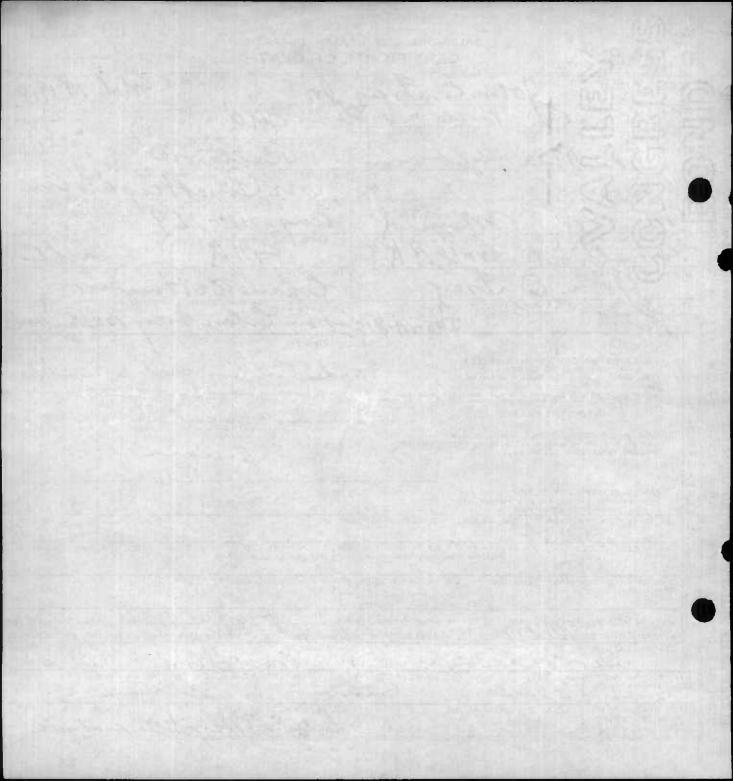
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ВІ	RTH NO.			CERTIFICAT	E OF DEAT	H Registered	110.
1.	NAME OF D	ECEASED				2. DATE OF M	*
	,		ANNIE T	BARTON		DEATH ME	r. 18, 1950
3.	. PLACE OF DEATH: . Baltimore City, Maryland		A. STATE	ENCE (Where deceased lived, I B. COUNTY	lf institution : residence before admission)		
В.	FULL NAME		ital or institu	tion, give street address or			
	SPITAL OR	000 0 0		location	I C. CITT OR TOWN	(If outside corporate lim	nits, write RURAL and give
-0	10	909 DeSot	to Rd.		Baltimore	L5-	020
1				Yrs. Mos.		ESS (If rural, give location)	
4		tay in Baltimore		Days			
5.	female	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify	Sept. 12,	look hinth Jan 3	if Under I Year If Under 24 Hours fonths Days Hours Min.
10				F ,	State or foreign country)		
	OA. USUAL OCCUPATION (Givekindof lob. KIND OF BUSINESS OR INDUSTRY)				state or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Retired Seamstress   Shirt Mfgr.		Md.				
13	. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
		J. Barton			Annie E.	Collier	
15 (Yes	. WAS DECEASI	D EVER IN U.S. ARM	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	no			no	Mrs. Bland	che Hargest 909 I	De Soto Rd.
	18. 7 7	1 /		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH	
	LEADING TO DEATH			und he	mounings	1 mul	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				······		
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E	_(c)						
2	OTHER SIGNIFICANT CONDITIONS CON-						
G	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			************			
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?	
A							YES NO
EDICAL					in or 21C. WHERE D		, give exact location)
Σ		(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from Mark					dala .th	
	22. I hereb	y certify that I a	ttended the	deceased from	11 195	0, to Place 18, 19.	that I last saw the
		live on 3-18	, 1950			, from the causes and on	
	23A. SIGNA	. 72			23B. ADDRESS	Imr &.	23c. DATE SIGNED
	nau		usu	M. D.			
TIC	AA. BURIAL. (S	CREMA 248. DATE		24c. NAME of CEMETI	ERY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
	Burial	3/21/		Loudon Parl	c Cem.	Balto., Md.	
	ATE RECEIVE	RAR Promise	R'S SIGNAT	URE	25. FUNERAL DIR		ADDRESS
B	1AD 201		जिल्लामित्र ।	NBakus / Mac 个	M.B. GICI	OVER& SONS Ba	lto., Md.
3	VS 150		0 -				/
							83a

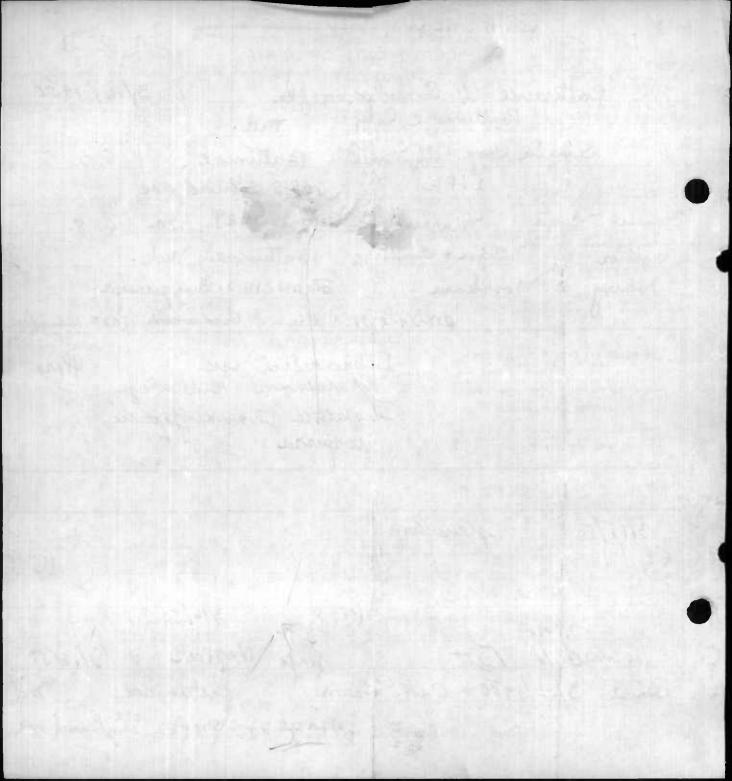


Registered N CERTIFICATE OF DEATH (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR township) INSTITUTION D. STREET ADDRESS (If rural, give location) A hurs Days c. Length of stay in Baltimore 9. AGE (In years If Under 1 Year I Under 24 Hours Min. H Under 24 Routs 7. SINGLE, MARRIED BIRTH 5. SEX 6. COLOR OR RACE ld be WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? INDUSTRY clearl work done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME informatic s of death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or seties of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) Every item of i INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location), 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS PRIMARY DR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? and Popular Grove Twe say at Winchester CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) of INJURY arch 18, 1950 4:25A WHILE AT Pedesprian struck by truck 22. I certify that I took charge of the remains described above, held an \_ thereon and from the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my apinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE PLEASE W. ASSISTANT MEDICAL EXAMINER ... M MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY CREMA PURIAL. TION, REMOVAL (Specify 3-21-50 ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR





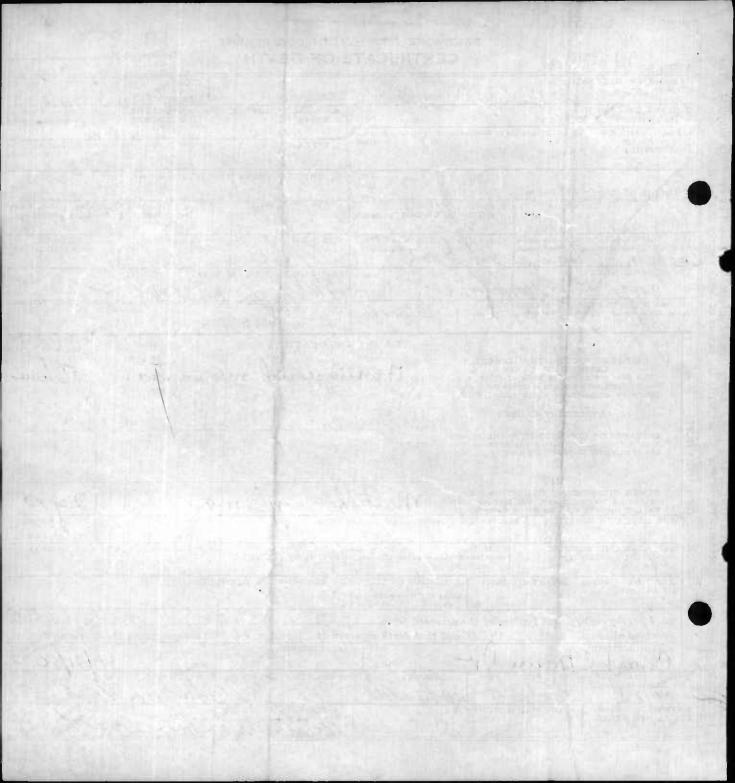
116	36 CERTIFICATE CORRECTED 3-22-50	
	50 2569 BALTIMORE CITY HEALTH DEPARTMENT 50 2	569
BIF	RETH NO. CARDARELLI CERTIFICATE OF DEATH Registered No.	000
. (Ту	NAME OF DECEASED  (DE OF Print)  Catherine Q. Candaralli  2. DATE  OF DEATH 3/16;	11950
	PLACE OF DEATH: Baltimore City, Maryland Baltimore City, Maryland B. COUNTY B. COUNTY	itution: residence before admission)
II HO	FULL NAME OF (If not in hospital or institution, give street address r	
INS	Sinia Hosp. 1700 Emmed Ballinge 1-0	township)
3	Length of stay in Baltimore  Yrs.  Mos. Days  Control of Stay in Baltimore  Yrs.  Mos. Days  Control of Stay in Baltimore  Yrs.  Mos. Days  Control of Stay in Baltimore	
5. 9	Days	I I Year   If Under 24 Hours
	Hunall. While Married ling 28. 1921. 20. 6.	8.
- H 100	doceduring most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME DEPT. STORE 14. MOTHER'S MAIDEN NAME	
death	Henry J. Worskam. Figures J. Buggerska	•
Q (Yes,	(MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. William & Cargar III ADDRESSED SECURITY NO.	5. Relundar
le causes	18. 798.1	INTERVAL BETWEEN ONSET AND DEATH
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This traceres of the state of the s	Who
ite	(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  DUE TO MAGNATURE C REMOVING	(1)
11	ANTECEDENT CAUSES	
please	DISEASES OR CONDITIONS, IF ANY, GIVING	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
Physicians: CERTIFICA		
ıysici	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	L.C. MUTOPSY2
	3/15/50 Silenechmy	YES NO W
important. MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or 1) 21c. WHERE DID (If in Baltimore City, give 1) 1NJURY OCCUR?	exact location)
. 11	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
ılly	m. WORK AT WORK	
-	22. I hereby certify that Lattended the deceased from 3(15/50, 19, to 3/16/50, 19, to	
beci	July described the decourse from	hat I last saw the
es   _	deceased alive on 3/16/19, 19 and that death occurred at 3 m., from the eauses and on the cases and on the cases and on the cases and on the cases are cases.	late stated above.
is es	23A. SIGNATURE / A. Patt M.D. 23B. ADGRESS (FORM) 12	ate stated above.  3c. PATE SIGNED
se is es	a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or on, removal (Specify))	date stated above.  3c. PATE SIGNED  County) (State)
age is es	a. BURIAL. CREMA- N. REMOVAL (Specify)  3/21. 1950.  Cake Jawa.  TE RECEIVED BY REGISTRAR'S SIGNATURE  23. And that death occurred at 3. 6 m., from the eauses and on the causes and on the caus	date stated above.  3c. PATE SIGNED  3 (6) 5 (State)  Md  DDRESS
correct age is es	a. Burial, CREMA- N, REMOVAL (Specify)  13  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or or crematory)  25. FUNERAL DIRECTOR  25. FUNERAL DIRECTOR  26. ALL  26. ALL  26. ALL  26. ALL  27. ALL  28. ALL  29. ALL  20. A	date stated above.  3c. PATE SIGNED  3 (6) J  Sounty) (State)  DDRESS
correct age is es	a. Burial, CREMA- N. REMOVAL (Specify)  TE RECEIVED BY CAL REGISTRAR  D 2 100 100 100 100 100 100 100 100 100 1	date stated above.  3c. PATE SIGNED  3 (6) J  Sounty) (State)  DDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Gardiner DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY A before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Tibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of pt, done diving most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY clanucil Gardiner ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO WHAS HOPKINS HOS 17 causes INTERVAL BETWEEN CAUSE OF DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK 22. I hereby certify that I attended the deceased from 2-27 , 1920, to 3-17 , 1920, that I last saw the 23A. SIGNATURE 23c DATE SIGNED 202 AA. BURIAL, CREMA-ION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24B. DATE REGISTRAR'S SIGNATU VS 150

supplied.

carefully



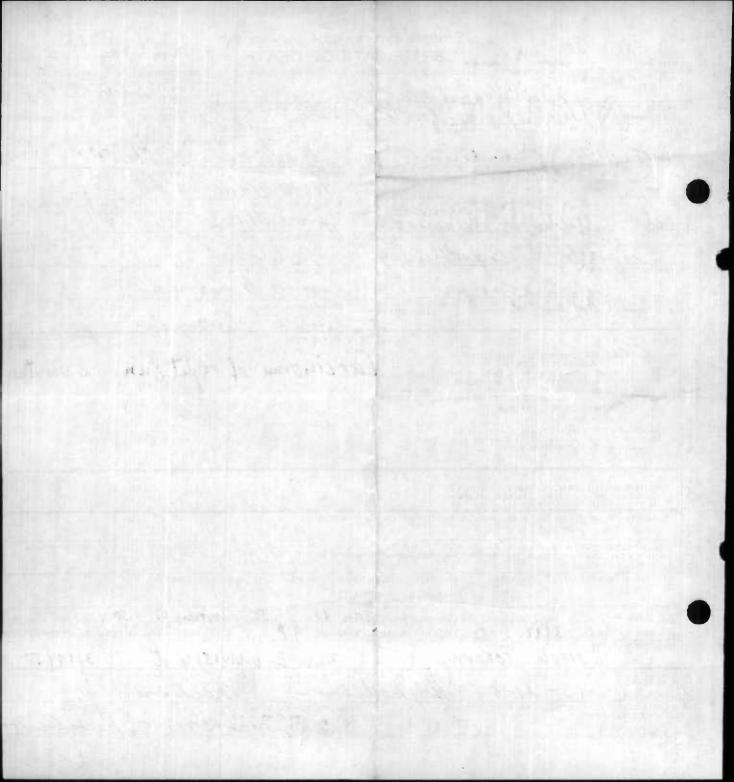
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) supplied 3. PLACE OF DEATH: A. Baltimore City, Maryland 7 A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) carefully C. CITY OR TOWN INSTITUTION Yrs. D. STREET Mos. adend . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Marrie 9 IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) work doos during most of working life, even if retired) INDUSTRY Baker 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO causes of CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from A 24 deceased alive on 3/17 \_, 19.50\_. and that death Vccurred at\_ 23A. SIGNATUR 238. ADDRE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE BATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Registered No-2. DATE DEATHYUIL 4. USUAL RESIDENCE (Where deccased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) AGE (In years If Under 1 Year last hirthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN 20. AUTOPSY YES (If in Baltimore City, give exact location) 1950 to march 17, 1950, that I last saw the P. m., from the causes and on the date stated above. 23c. DATE SIGNED LOCATION (City, town, or county)

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VS 150

ADDRESS



should be early and 1 clearly Jo write ally

supplied.

carefully

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes | , accident | , suicide | , homicide | , undetermined | .

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER | 23C. DATE SIGNED | ASSISTANT MEDICAL EXAMINER | 23C. DATE SIGNED | ASSISTANT MEDICAL EXAMINER | 24D. DATE SIGNED | 24D. D

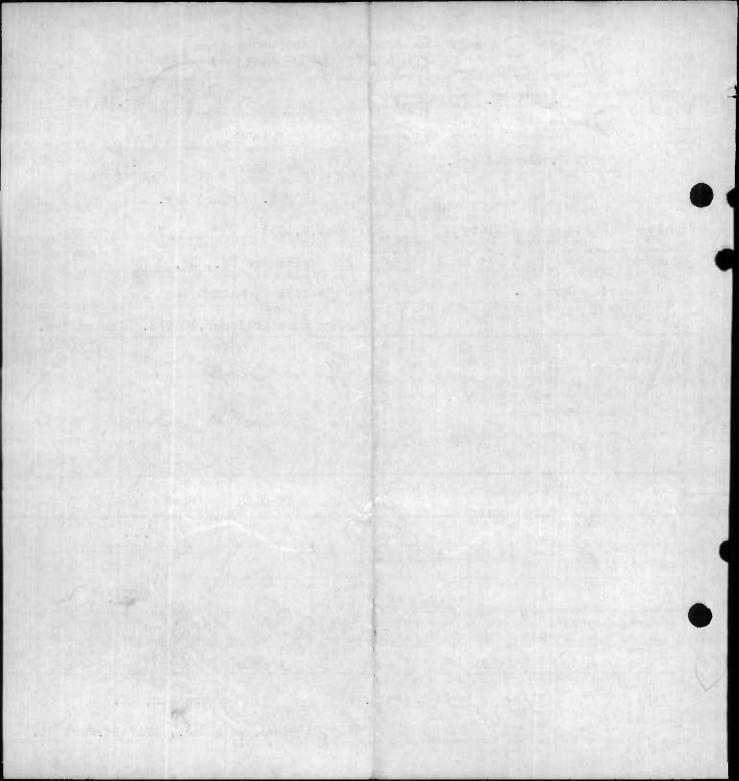
THE REPORT OF LIES WHEN BUILDING

1220 2573 50

## BALTIMORE CITY HEALTH DEPARTMENT

50 2573

B	IRTH NO.			CERTIFICAT	E OF DEAT	H	Registered	No.
1	NAME OF DECEAS	SED					2. DATE	
1 (	Type or Print)	ALICE	E. S	SYKES			OF DEATH Mar	.18.1950
	. PLACE OF DEATH: Baltimore City,				4. USUAL RESID	ENCE (Wh	ere deceased lived. I	t institution : residence
11			al or institu	tion, give street address or	A. STATE Maryl	and	B. COUNTY	before admission
	OSPITAL OR			location)	C. CITY OR TOWN		utside corporate lim	its, write RURAL and giv
1	100	e.	Baltin	more	1-6	township		
				Yrs.	D. STREET ADDR		ral, give location)	
	. Length of stay in			Mos. Days	1009 S.	Linwoo	d Ave.	
5	. SEX 6. CO	LOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRT	н	9. AGE (In years	It Under 1 Year   It Under 24 Hour Ionths Days   Hours Min
	emale Whi		Widow		Oct.8,1871		78	ionths Days Hours Min
10	A. USUAL OCCUPA's doos during most of working	TION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (			12. CITIZEN OF
	Housewife	g me, even m reured)	At h	INDUSTRY	Baltimo:	re Co.	Md.	WHAT COUNTRY
13	3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAN	ME	
	Zackriah	Corns			Reberca	(Unknow	m)	
13	5. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	(		ADDRESS
(T)	og, oo or uokoowo) (If y	es, give war or date	of service)	SECURITY NO.		raisser		inwood Ave.
	18. 4 TA			CALICE	OF DEATH		, =====================================	INTERVAL BETWEEN
	100,0	CONDITION	DIBECTIV			0	TOTAL STATE	ONSET AND OFAT
	LEAD	ING TO DEAT	ГН	have	(Andias. )	You and	action	Ink.
	(This does not meart failure, asth	enia, etc. It mea	ns the discas	g., (A)	Constant X	acrija		
	injury or compli	ication which c	aused death	n.) OUE TO				
	ANTE	CEDENT CAUS	ES	11	Carplise L ile arterio	- Ch	. Un les	1. 8 yrs.
Z	DISEASES OR C	ONDITIONS	TANK CIVII	(B)	m anni	securio	John Mary	. 0/902.
TION	RISE TO THE ABO	OVE CAUSE (A)	STATING TI	HE OUE TO				
	UNDERLYING O	CONDITION LA	57.	(C)			***************************************	
TIFICA								
RH	OTHER SIGNIF	II ICANT CONDI	TIONS CO	N. U	0	L.		
CEI	TRIBUTING TO THE	OR CONDITION	NOT RELATE	EO Thus	Presmoni	The		3 whz
	19A. DATE OF OPE			FINDINGS OF OPER	ATION			20. AUTOPSY?
DICAL								YES NO
100	21A. ACCIDENT V			ACE OF INJURY (e.g., in			in Baltimore City,	give exact location)
Ш	LYING OR CON		anout nome,	farm, factory, street, office bldg., e	te.) INJURY OCCU	JR7		
Σ	210. TIME (Month	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DIE	INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE				
	00 7 1 1	14 13 1 7 11	m.	WORK AT WORK		0 200	a. 195	7)
	22. I hereby cert	ify that I att	ended the	deceased from	195	_, to	, 195	_, that I last saw th
	23A. SIGNATURE	1/400.	19.2	and that death occur	2- ADDDECC			
	Cantone	· (d) /	Hou		3023 6	notur	1.2.	3/20 SIGNED
2.	4A. BURIAL, CREMA-	248. DATE	70-0	M. O. J 24C. NAME OF CEMETE			CATION (City, town	n, or county) (State)
	on, removal (Specify) Burial	7/23/5	100			7 7		
_	ATE RECEIVED BY	3/21/5		Zion Luthera			ers Run, Mo	
	OCAL REGISTRAR	REGISTRAR:	L' SIGNATU	Williams Mrs.	25. FUNERAL DIR			ADDRESS
-	****	- Paris	want	I hand some blue	Villeliam	Coak,	Inc., 1217	St. Paul St.
	TAR 1901 1950	The way	i.i.t	leges of them are		900		956
11								\$ 40



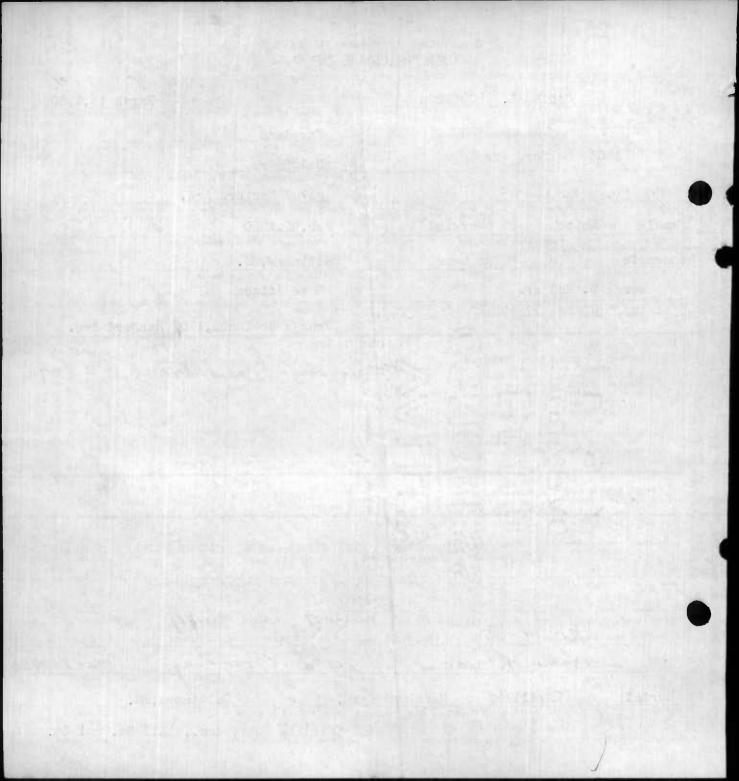
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correct age is especially important. Physicians: please write the causes of death crearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT

50 2574 Registered No.

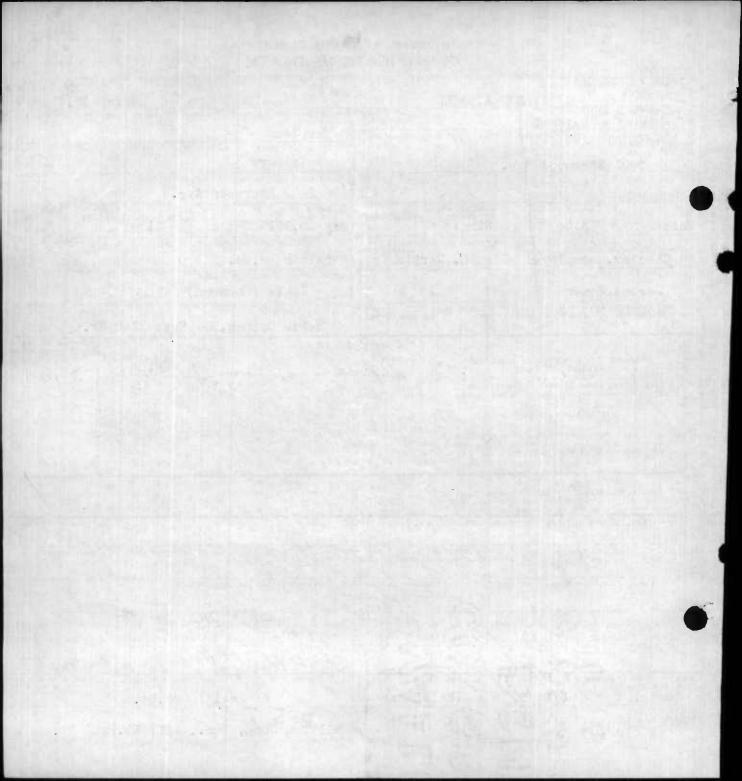
BIRTH NO.		CERTIFICATI	E OF DEATH	Registered	140.
1. NAME OF DECEASED (Type or Print)				2. DATE	
SADIE	R. ROB	INSON			h 19,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland			4. USUAL RESIDENCE (	Where deceased lived  B. COUNTY	It institution: residence before admission
B. FULL NAME OF (If not in hos	pital or institut	ion, give street address or		B. 000///	berore admission)
HOSPITAL OR INSTITUTION 1707 Harfor	d A	location)	C. CITY OR TOWN (I	f outside corporate lim	nits, write RURAL and give township)
Tior Harror	u Ave		Baltimore	9-07	township
		Yrs. Mos.		rural, give location)	
Length of stay in Baltimore  5. SEX 6. COLOR OF RAC		Days	1707 Harford		
	MIDON	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Yeer If Under 24 Hours Months: Days Hours Min
Female White	1	ried	Feb.23,1890	60	
10 A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire	ed)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	At h	ome	Baltimore, Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	1/
George W. Rodger			Rose Gaines		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
140			George Robinso	n,1707 Harfo	rd Ave.
18. 490 x		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	0	. / .	Rn-	ONSET AND DEATH
(This does not mean the mode	ATH	Man	sunua - totar.	Porlateral	2 days
heart failure, asthenia, etc. It m	eans the diseas	e,			
injury or complication which	caused Ceath	.) OUE TO			
ANTECEDENT CAL					
DISEASES OR CONDITIONS,	IF ANY, GIVIN	(B)	***************************************	***************************************	
	A) STATING TH	E OUE TO			
4 1		(C)		***************************************	
OTHER SIGNIFICANT CON					
OTHER SIGNIFICANT CON					
O THE DISEASE OR CONDITION					
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>					YES NO
21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURRE	ED 21F, HOW DID INJUR	Y OCCUR?	
or moont	m,	WHILE AT NOT WHILE			
22 I horoby contifes that I a			el 17 1050 10 M	W. 70 10	56, that I last saw the
22. I hereby certify that I a deceased alive on Mer. 19	1050	aeceasea from z	45, 13 , 10 m	the sauces and on	the data stated whom
23a. SIGNATURE	, 1500	and that death occur	38. ADDRESS	ine causes and on	23c. DATE SIGNED
- Narry	dino		14 S. Brown	dudy	Mar 20 16.50
24A. BURIAL, CREMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY   240. L	OCATION (City, tow	n, or county) (State)
Burial 3/2	21/50	Moreland Par	THE RESERVE OF THE PARTY OF THE	/	
	R'S SIGNATA		25. FUNERAL DIRECTOR	altimore, Md.	ADDRESS
LOCAL REP 1950	vator El	liguiles this of	William Cook,	Inc., 1217 S	
	-				USTRUA DUS



NAME OF STORAGES	
BIRTH NO.	CERTIFICATE OF DEATH
30	BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	

	NAME OF D ype or Print)		ON A.BA	KER		2. DATE OF DEATH MA	rch 20,	1950
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (VA. STATE Maryland		institution	
HC	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)		outside corporate limi	ts. write RII	RAL and give
IN	STITUTION 2403	Sherwood Av	e.		Baltimore	9-08	, 4110	township)
				Yrs. Mos.	D. STREET ADDRESS (If			
		tay in Baltimore		Days	2403 Sherwood			
Male    6.COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Single			May 20,1918	9. AGE (in years last birthday) M	on the Days	If Under 24 Hours Hours Min		
10	A. USUAL OC	CUPATION (Give kind of of working life, eyen if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	
WOIA	Checker	,unemployed	Glen I	. Martin Co	Baltimore, Md.		WHA	T COUNTRY?
13	FATHER'S	IAME	A	IRPLANES (M)	14. MOTHER'S MAIDEN N	AME	1	
	Jerome	Baker			Viola (Unkn	own)		
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	А	DDRESS	
(	No	( ) )	- 00. 1.00)	SECURITY NO.	Helen Owings,	534 East 27th	h St.	
	18. 002	- X		CAUSE	OF DEATH			VAL BETWEEN
	DISEAS	E OR CONDITION		70	1. 1	00-	UNSEI	AND DEATH
	(This does	not mean the mode of	f dying, e. s	(A) /buter	alocis, pulmoray	bloked	6	YMS
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO				J
		ANTECEDENT CAUS	ES					
Z	DISEASES	OB CONDITIONS "		(B)	***************************************			
음	RISE TO T	OR CONDITIONS, II	STATING TH					
CA	UNDERLI	ING CONDITION LA	5T.	(C)		***************************************		
ERTIFICATION		п						
FR		IGNIFICANT CONDI						
Ö	TO THE D	SEASE OR CONDITION	CAUSING I	T				
၂	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			AUTOPSY?
S	21A ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	n or   21c, WHERE DID (1	If in Baltimore City,	give exact	location)
MEDICAL		CONTRIBUTING	about home,	arm, factory, street, office bidg.,	otc.) INJURY OCCUR?	24.5	B	,
~	OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hercb	y certify that I att	ended the	deceased from M	n. 10 , 1950 to	Mar. 20, 195	that I	last saw the
					rred at 6:45 A.m., from t	he causes and on t	he date si	tated above.
23A. SIGNATURE 23C. DATE SIG							TE SIGNED	
24A. BURIAL, CREMAN 246. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State							Con. )	
TIO	N, REMOVAL (S Burial	pecify) 3/22/5		Baltimore	//	ltimore, Md.	i, or county)	(State)
DA	TE RECEIVE	D BY REGISTRAR	SSIGNATL	RE O O	25 FUNERAL DIRECTOR		ADDRES	S
TY	AR ZIIS	50 1	otor M	lesure, Als	William Cook, In	ne., 1217 St	.Paul S	St.
	VS 150		0	1/9/20			13	B
				7 /638			1~	10/



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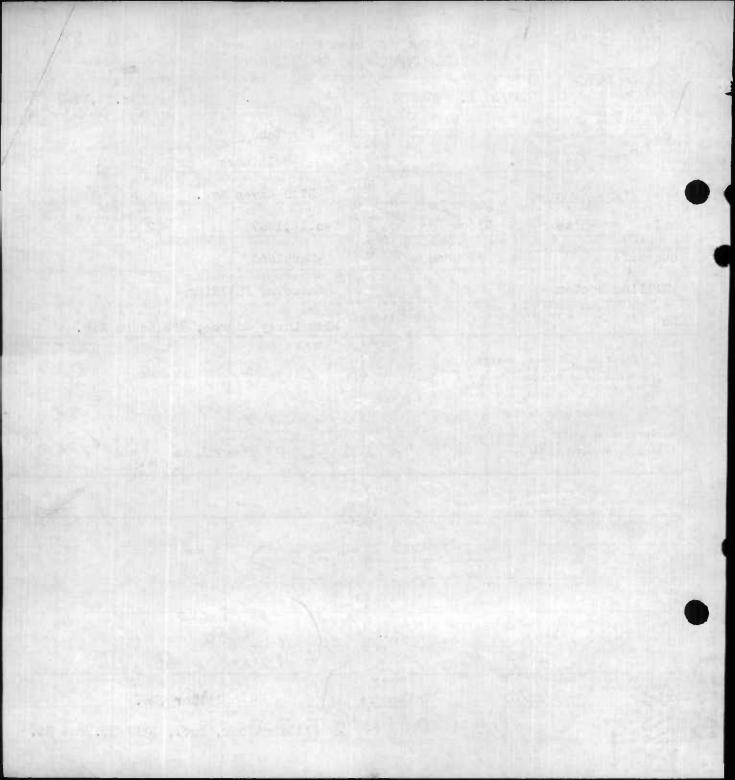
Physicians: please write the causes of death charly and legibly.

correct age is especially important.

### BALTIMORE CITY HEALTH DEPARTMENT

50 2576

В	IRTH NO.			CERTIFICAT	E OF DEAT	Н	Registered	No	
1.	NAME OF DE Type or Print)		SAN A.	MONROE			2. DATE OF DEATH MAX	.20,1	950
A		ity, Maryland			4. USUAL RESIDE			It institut	
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 5723 Kavon Ave.				Maryland c. CITY OR TOWN Balti	(If o	utside corporate lin	nita, write	RURAL and giv township
)	Length of sta	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	on Ave			
	emale	White	7. SINGL WIDOV Wido	E. MARRIED. VED, DIVORCED (Specify) W	B. DATE OF BIRTH		9. AGE (In years last birthday)	H Under 1 Ye Months D	ear it Under 24 Hours Hours Min
1(	A. USUAL OCC doneduring progtof OUSEWIFE	UPATION (Give kind of working life, even if retired)		o of business or industry	11. BIRTHPLACE (S		eign country)		TIZEN OF HAT COUNTRY
13	13. FATHER'S NAME William Boston				14. MOTHER'S MA (Unknown)		-		V
1 ! (Ye	NO NAS DECEASED	17. INFORMANT Miss Luray	Monro		addres	The state of the s			
FICATION	(This does not heart failure injury or continuity of continuity of continuity of the	E OR CONDITION LEADING TO DEA- not mean the mode of, asthenia, etc. It mea complication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	FH f dying, e. f ns the diseas aused death SES F ANY, GIVIN STATING T	16, a.) DUE TO	Skfleer Skeper	ao   %i In Replie	en e		34, N
CERTIF	TRIBUTING	II SNIFICANT CONDI TO THE DEATH, BUT LEASE OR CONDITION	NOT RELATE	ED					
AL	19A. DATE OF	OPERATION   1	9в. MAJOR	FINDINGS OF OPER	ATION				O. AUTOPSY?
1EDICA	21A. ACCIDE LYING OR CAUSE OF D	NT WAS UNDER- CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21C. WHERE D	R7 (If	in Baltimore City,	give exa	ict location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK									
	deceased ali	ve on theaty	ended the	deceased from and that death occur	red atm.		e eauses and on	the date	
	23A. SIGNATU	554	Sto	rond M.D.	38. ADDRESS 9	erfor	& Pol		DATE SIGNED
B	4A. BURIAL, CF ON, REMOVAL (Sp urial	3/28/5	50	24c. NAME OF CEMETE Baltimore	RY OR CREMATORY		cation (City, tow	n, or coun	nty) (State)
D	WAR 2 19	BY REGISTRAR	SSIGNAT	Buents o	25. FUNERAL DIR	ECTOR	Inc., 1217	St.P	



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2577 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)  LEONARD J. BELT	2. DATE OF DEATH Mar. 20, 1950				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. It institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland				
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
00 400 S. Bentalou St.	Baltimore 20-65				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days	400 S. Bentalou St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years   ff Under   Year   If Under 24 Hours				
Male White Married	last birthday) Months Days Hours Min				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
work dooe during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?				
Conductor Retired ( B &O) R.R. 13. FATHER'S NAME	Baltimore, Md.				
Leonard J. Belt					
	Unknown				
(I see, no or unknown) (II yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS				
No	Leonard L. Belt,400 S. Bentalou St.				
18. / TX X CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (A)  (A)  (A)  (B)  DUE TO  DUE TO  DUE TO  (B)  (C)					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E. INJURY OCCURRE  WHILE AT NOT WHILE  AT WORK					
22. I hereby certify that I attended the deceased from N	w. ,1949 to Mar. , 1951, that I last saw the				
deceased alive on 3/18 (,1950, and that death occur	red atm., from the causes and on the date stated above.				
	3B. ADDRESS FORT ans 30 330. DATE SIGNED				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)				
Burial 3/23/50 Loudon Park	Baltimore. Md.				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR					
<u> </u>	William Cook, Inc., 1217 St. Paul St.				
VS 150 /02 47	46E				

Was this oster arcom a of June? See Downent File 50-2577 4-19-50

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# BALTIMORE CITY HEALTH DEPARTMENT

50	2578
Registered No	2010

1. NAME OF DECEASED (Type or Print)  Eva Krause  2. DATE OF DEATH 3-18-50  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION IS2I Clarkson Street  C. CITY OR TOWN (If outside corporate limits, write RURAL a Baltimore)  C. Length of stay in Baltimore  C. Length of stay in Baltimore  60 Yrs.  Mos. Days  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS2I Clarkson Street  D. STREET ADDRESS (If rural, give location)  IS3I DIANGLES (IS3I DIANGL					
3. PLACE OF DEATH: A. Baltimore City, Maryland  5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION IS2I Clarkson Street  6. Clarkson Street  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  10A. USUAL RESIDENCE (Where deceased lived. If institution: reside A. STATE Maryland City before administration of the property					
HOSPITAL OR INSTITUTION IS I Clarkson Street location   C. CITY OR TOWN Baltimore   C.					
c. Length of stay in Baltimore  60 Yrs.  Mos. Days  1521 Clerkson Street  5. SEX 6. COLOR OR RACE White  7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Married  7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Married  9. AGE (In years   10 Index   10 I					
5. SEX Female   6. Color or RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years last birthday)   Married   9. AGE (In years last birthday)   Months: Days   Hours   Housewife   10A. USUAL OCCUPATION (Givekind of rock done during most of working life, even if retired)   10B. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF Germany   13. COUNTY   14. COUNTY   15. A.					
Housewife Own Home INDUSTRY Germany U.S.A.					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
Christian Hohenberger Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT ADDRESS Mr. Henry Krause-1904 W.Lexington St.					
18. 3 3 / X CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  LEADING TO DEATH (A)					
Z (B) SCLEPOSIS ?  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location in INJURY OCCUR?)					
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  m. Work AT WORK					
22. I hereby certify that I attended the deceased from 3/16/50, 19 p. to 3/18/, 1950, that I last sau deceased alive on 3/18/, 1950, and that death occurred at 3.10 m., from the causes and on the date stated ab					
23a. SIGNATURE  Aury Deile  M. D. 1226 Hanover Street, 3/20/5					
Burial 3-21-50 Glen Haven Cemetery Annapolis Blv.Balto:Co.Md.					
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE COORD J.Ruth, Inc1735 Harford Avenue					
VS 150 83a					

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	TO DATE OF THE PARTY.		
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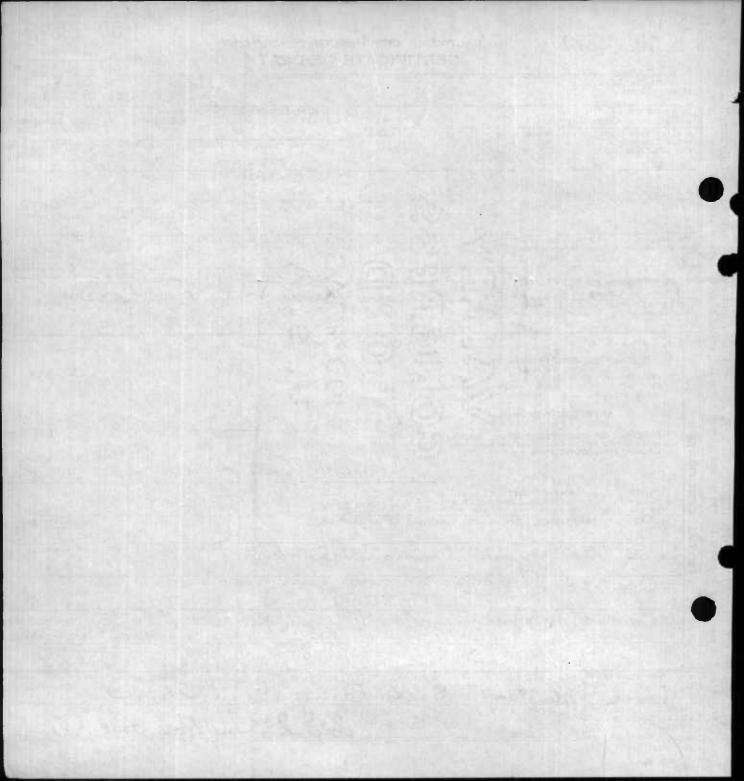
PLEASE WRITE PLAINLY ITH UNFADING INK. Every item of informal should be correct age is especify important. Physicians: please write the causes of death clearly and

OFMO

	50	2579	BAL	TIMORE CITY HE	EALTH DEPARTMENT	3	0 2079
B	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No	
_	NAME OF E	DECEASED				2. DATE	
	Type or Print)	Kat	e P	Rumpf			19 1950
	Baltimore	City, Maryland	2806 Ha	levon A	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)			TOTAL F. A.
	STITUTION				c. CITY OR TOWN (If Baltimore	outside corporate limits,	township)
0	7			Yrs.	D. STREET ADDRESS (If )		9
	Tonobb of	-4 D-141		Taffe Mos.	1740 N Bond St	urai, give location)	
	SEX	stay in Baltimore	7 SINGLE	life Days	8. DATE OF BIRTH	9. AGE (in years) If Ur	nder 1 Year   It Under 24 Hours
1			WIDOW	ED, DIVORCED (Specify)		last birthday)   Mont	hs Days Hours Min.
	emale	White CUPATION (Give kind of	Wido		Dec 26 1872	77	
wor	k done during most	of working life, even if retired) houswife	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY:
	B. FATHER'S				14. MOTHER'S MAIDEN NA	ME	
	0 1	P	,		40 \ C	. 0	
1 5	WAS DECEASE	ED EVER IN U. S. ARME	Las	10.000111	Theresa MC	von spe	ces
(Ye	e, no or unknown)	(If yes, give war or date	a of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
_				SALES OF SERVICE	Mrs Joseph Cilent	o 2806 halcyo	n Ave
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		().			21
	(This doe	LEADING TO DEA	TH of dying, e.g	. (A) //	lmia		3 days
	heart fail	ure, asthenia, etc. It mer complication which	ans the disease	e,			
					11. +		
7		ANTECEDENT CAU	SES	thro	nic Nepnilis		
RTIFICATION		S OR CONDITIONS,				•••••••	
A	UNDERL	YING CONDITION L	AST.	1 1	1. t. 1	1 0.	
F				(c) Malerio	solenotio Cardio-vas	cular Wislase	
F	OTHER	II SIGNIFICANT COND	ITIONS CON	011			
CE	TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATE	D ( holocus)	7/15		
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., l. srm,factory,street, office bldg.,		f in Baltimore City, giv	c exact location)
ME							
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
•			m.	WORK NOT WHILE			
4	22. I heret	by certify that I at	tended the	deceased from Mo	r 10 1950 to	Var 19 1960	that I last saw the
	deceased a	. 11			rred at 3:00 P. m., from th	ne causes and on the	date stated above.
	23A. SIGNA		7 -		3B. ADDRESS //	2/1	23c. DATE SIGNED
		rag/h.	Jum	M. D. C	20 50 Harford	ON.	2.0 Mar. 50
71	4A. BURIAL.	CREMA 24B. DATE Specify	3/50	RAC, NAME OF CEMETE		BALL	r county) (State)
D	ATE RECEIVE	ED BY   REGISTRAR	SSIGNATU	RE.	25. FUNERAL DIRECTOR		ADDRESS
	OCAL REGIST	TRAD	alive for		1200 27		P On Pean
-	4.		11/2		No.	7000	

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with UNFADING INK. Every item of informat thould be reant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, WITH correct age is especially important.

30	CERTIFICATE OF DEA	TH Registered No.					
1. NAME OF DECEASED		L2 DATE (					
(Type or Print)	na Pross	OF Man 18/50					
3. PLACE OF DEATH: A. Baltimore City, Maryland /08 M	Street A. USUAL RES	DENCE (Where decessed lived, If institution; residence  B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institu	14:	md					
INSTITUTION	c. CITY OR TO	WN (If outside corporate limits, write RURAL and give township					
60		Bello 6-01					
c. Length of stay in Baltimore	Yrs. Mos. Days 10 P	RESS (If rural, give location)					
5. SEX   6. COLOR OR RACE   7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	9. AGE (Incers If Under I Year last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR 11. BIRTHPLAC	E (State or foreign country)   12. CITIZEN OF					
vork done during most of working life, even if retired)	INDUSTRY	WHAT COUNTRY					
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME					
Huma- Wagner		Ludana					
15. WAS DECEASED EVER IN. U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or tes of service)	16. SOCIAL 17. INFORMAN	T ADDRES6.					
(Yes, no or nnknown) (If yes, give war or lates of service)	SECURITY NO.	O P- INFH. ST					
1.0 1/1/2 V	7	INTERVAL BETWEEN					
18. 443 X	CAUSE OF DEATH	ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(V.)	On On					
	(This does not mean the mode of dying, e.g., (A)						
injury or complication which caused deat	injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES							
Z	(B) Cardin Vascu	la Hypertensine Deine Gyear					
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO	THE DUE TO						
UNDERLYING CONDITION LAST.							
	a artemeste	asis) 6 means					
E III	_(C)	V					
OTHER SIGNIFICANT CONDITIONS CO		(0.400000)					
TO THE DISEASE OR CONDITION CAUSING		Lag Musopova					
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPERATION	20. NUTOPSY?					
21A. ACCIDENT, SUICIDE,   21B. PL	ACE OF INJURY (e.g., in or   21c. WHER	E DID (If in Baltimore City, give exact location)					
	farm, factory, street, office bldg., etc.) INJURY OC						
21D. TIME (Month) (Dsy) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW I	DID INJURY OCCUR?					
OF INJURY	WHILE AT NOT WHILE						
m.	WORK AT WORK	44 A - 1 1 - 1 - 2					
22. I hereby certify that I attended the		1950, to Mark 18, 1950, that I last saw th					
deceased alive on March 17, 1950.		m., from the causes and on the date stated above					
23A. SIGNATURE	238. ADDRESS	23c. DATE SIGNED					
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETERY OR CREMATO	RY 24D. LOCATION (City, town, or county) (State)					
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETERY OR CREMATO	RY 24D. LOCATION (City, town, or county) (State)					
Musel Mandipo	Trively Cens	Hallens					
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25. FUNERAL I	DIRECTOR					
MAR 21 1950   tanking	Muchan occup	Trend Now 2008 klein					
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		61					

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF refully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE Where deceased lived. If institution: residence A. Baltimore City, Maryland 228 LEA LEV. A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give 850 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. PARRIED (Specify) plnou 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) INDUSTRY 14. MOTHER'S MAIDEN NAME ELDON URKHEAR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURIT S. ELIZABETH JHELLOOM. y item the cau DEATH 420 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 19 that I last saw the 23C. DATE SIGNED (City, town, or county)

2587

before admission)

If Under 1 Year | Il Under 24 Hours

12. CITIZEN OF

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(Specify)

21A. ACCIDENT, SUICIDE,

21E. INJURY OCCURRED NOT WHILE! WHILE AT

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

WORK ATIWORK 22. I hereby certify that I aftended the deceased from

, 1950 deceased aliveron. , and that death occurred at. 23A. SIGNATURE

238. ADDRESS

21c. WHERE DID

INJURY OCCUR?

m., from the causes and on the date stated above.

BURIAL, CREMA-

HOMICIDE

24c. NAME OF CEMETERY OR CREMATORY QUB ON

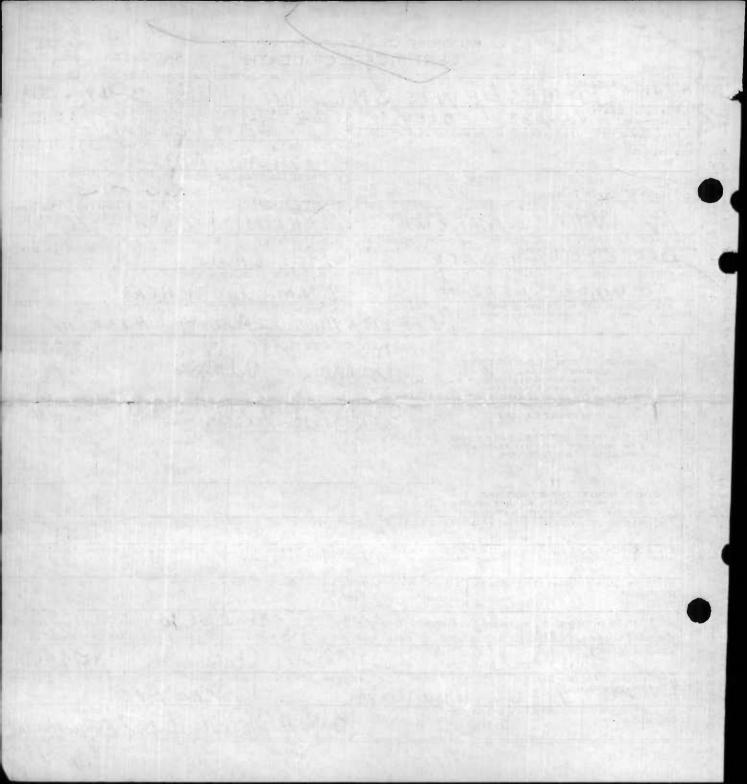
24D. LOCAT

DATE RECEIVED BY LOCAL REGISTRAR END O ?

REGISTRAR'S SIGNATURE

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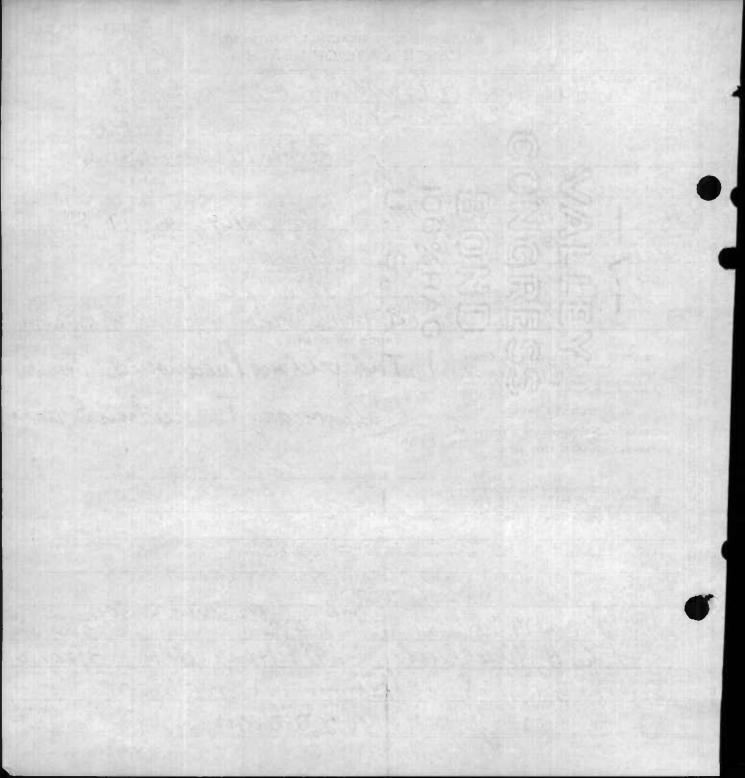
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of

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4, USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR write RURAL and give location) C. CITY OR TOWN of outside corporate lights, INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year-8. DATE OF BIRTH Il Under I Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) narrie 10A. USTAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? aloman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. 002 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Pulmonary Inberculosis 5 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE. WORK 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on March 1950, and that death occurred at\_ Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) urras DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR ADDRESS 2020 LOCAL REGISTRAR

VS 150



VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2583

4701 Edmondson Ave.

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Thomas J. Getzendanner OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5401 Windsor Mill Road township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 5401 Windsor Mill Rd . Length of stay in Baltimore Davs 9. AGE (In years II Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED MATTHEODIVORCED (Specify) Male July 13.1887 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) merson Drug Nog STR WHAT COUNTRY? Bal to Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Getzendanner Mary Ann Chambers 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Mrs. Rose M.Getzendenner 5401 NTERVAL BETWEEN 18.420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gerarlines arteris solerorio ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 19.45to A.C. N. 19 TOthat I last saw the 22. I hereby certify that I attended the deceased from... deceased alive on March 1 . 19 . and that death occurred at . m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Burial Lorraine Pk. Woodlawn . Md . DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

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ВІ	RTH NO.			CERTIFICAT	E OF DEA	IH	Registere	u 110,	
	NAME OF D ype or Print)	ECEASED FUHR	na A	1 1+APP	1		OF OF	3-19	-57
	PLACE OF DE		13,00	Me	4. USUAL RESID	DENCE (Whe	re deceased lived	I f institution	, 0
В.			pital or instituti	ion, give street address or location	118 S. Ma	in At	- Bel C	ur-	ma
	FRAN	KLIN 64	UARG	HOSPITAL	c. CITY OR TOW	N (If ou	tside corporate l	imits, write RI	JRAL and give township
	Length of st	ay in Baltimore	11%	Yrs. Mos. Days	D. STREET ADD	RESS (If rur	al, give location	)	
	SEX	6.COLOR OR RAC	E 7. SINGLE	ED, DIVORCED (Specify	8. DATE OF BIRT	882	. AGE (In years last birthday)	Months Days	H Under 24 Hours Hours Min.
10 work	done during most o	CUPATION (Give kind f working life, even if retire Cup Provi	ed)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITI	ZEN OF T COUNTRY
13	FATHER'S N		1	)	14. MOTHER'S M	AIDEN NAM	E.//	1	1
15	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or d	IED FORCES?	16. SOCIAL	MINFORMANT	- 00	ler	ADDRESS	/ .
(100	, no or unknown)	(11 yes, give war or d	ates of service)	SECURITY NO.	Traut	Cen s	4,000	Das	helit
	(This does	E OR CONDITION LEADING TO DE not mean the mod- re, asthenia, etc. It n	EATH e of dying, e.g	Sme	OF DEATH	y les	lelec 4		VAL BETWEEN T AND DEATH
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CERT	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU SEASE OR CONDITION	T NOT RELATE	D					/
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EDIC/	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	1 218. PLA	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	p or   21c. WHERE	DID (If i	n Baltimore Cit	y, give exact	-
Σ	21D. TIME () OF INJURY	Month) (Day) (Yes	W	21E. INJURY OCCURR		D INJURY O	CCUR?		
	m.   WORK   AT WORK   3 - 19. Q to 3 - 19. Q that I last saw th								
	deceased al	ve on 3-1		and that death occur					
	23A, SIGNAT	Jean 3	Can	e 6 M.D. 2	Hanklin	J9.11	lospetu	. //	TE SIGNED
	BURIAL, C ON, REMOVAL (SI	ecify)	-50	ME OF CEMETE	meters	Win	TION (City, to	wn, or equity)	Ma (Staty)
LO	TE RECEIVED	PAID A Lunch	R'S SIGNATU	TERES TELEVISION	25 FUNERAL DE	STOR -	ster	ADDRES BULL	in Ma
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Squamous cell carcinoma. Letter in document file. 50-2584
4/12/50.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2585 Registered No.

_											
9		NAME OF DECEASED 12. DATE PRINT OF BOATH March	20,1955								
pplie		Baltimore City Maryland 902 & Baltim	titution: residence before admission)								
sn		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR (If outside corporate limits, w	-:4-43AE112A.2 1 '-								
illy.		OSPITAL OR OSTITUTION C. CITY OR TOWN (If outside corporate limits, w	township)								
bly	17	Yrs. D. STREET ADDRESS (16 cural, give location)	D. STREET ADDRESS (If cural, give location)								
ca.		Length of stay in Baltimore Life Mos. Days DO2 & Burney N									
nd	57	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 11 last bir (viday) Mon									
y a	7	Days Hours Min.									
arl	IOA. USUAL OCCUPATION (Give hind of partition)  IOA. USUAL OCCUPATION (Give hi										
cle	10	Maintainance Mary demy sonnetornes Wald 749	WHAT COUNTRY?								
death	13	3. FATHER'S NAME P. 14. MOTHER'S MAIDEN NAME									
	15	John Jongland blitabell & myder									
jo s	(Ye	5. WAS DECEASED EVER IN U.S. ARMOD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOLD ADD SECURITY NO. 17. INFORMANT HOLD ADD	RESS & R. M								
causes	-	cho Cha no Mus Berlia Muel Bessy &	of O Warry								
		18. 33 / X	ONSET AND DEATH								
the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying a g	6 deus								
ite		heart failure, asthenia, etc. It means the disease,	1								
write		ANTECEDENT CAUSES  (B)  LITTUTE TO COMPLICATION Which caused death.) DUE TO CAUSES	7								
ase	z	ANTECEDENT CAUSES  (B) Mtunpeleusis	-								
please	OIT	DISEASES OR CONDITIONS, IF ANY, GIVING									
	CA	UNDERLYING CONDITION LAST.									
ian	F	(C)									
Physicians	RT										
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ثب	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?								
tan	0	exact location)									
important	ED										
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?									
Ily		OF INJURY  MHILE AT NOT WHILE  AT WORK  AT WORK									
especially		22. I hereby certify that I attended the deceased from Man. 13 , 181, to Man To , 195, that I last saw the									
dse		deceased glive on 19,50, and that death occurred at 3. 18 4.m., from the causes and on the									
13.		23A, SIGNATURE 23B. ADDRESS & LAD TO 2	30 DATE SIGNED								
386	2	4A. BURIAL CREMA-1 24B. DATE 1 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	2/20/57/ codnty)/ (State)								
th		OPPREMOVAL (Specify) Que 193 16 PD 1 de Por	ale mil								
rec	D.	DATE RECEIVED BY REGISTRAR'S SIGNATURE 1 25. FUNEBAL DIRECTOR AL	DDRESS								
COL	A	OCAL REGISTRAR	Charles 15								

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DATE RECEIVED BY

LOCAL REGISTRAR

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Physicians:

important.

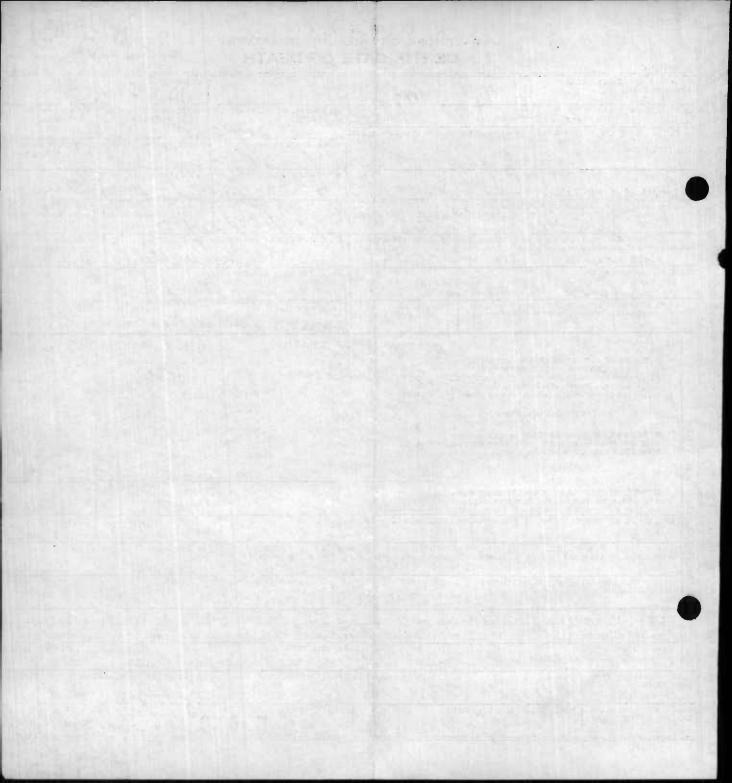
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25 FUNERAL DIRECTOR

REGISTRAR'S, SIGNATURE



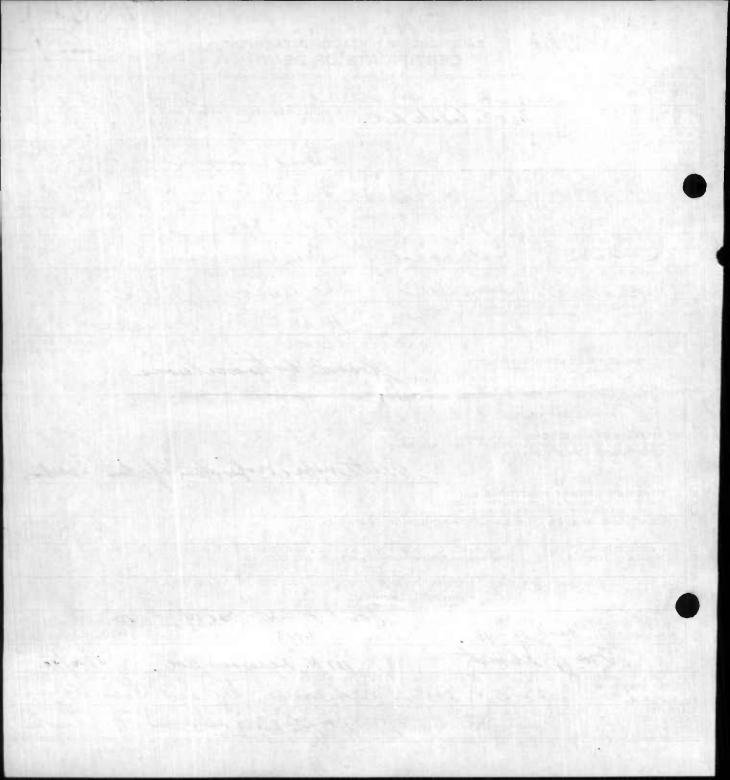
Physicians: please write the causes of death crarly and legibly.

VS 150

2587

SWISLER BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) Earney N. Swis	er   2. DATE 0F 0F DEATH 3/19/50				
3. PLACE OF DEATH: A. Baltimore City, Maryland 3108 EcloSale Acc.  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  a. STATE  B. COUNTY  before admission				
HOSPITAL OR location)	C. CITOR TOWN (If outside corporate limits, write RURAL and give township				
Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  3/08, Chokele Ave				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE/OF BIRTH  9. AGE (In years It Ender I Year It Under 24 Hours Min Hours Min				
10A. USUAL OCCUPATION (Givekindof No. KIND OF BUSINESS OR INDUSTRY COLLEGE OF BUSINESS OR INDU	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME  Nichalae Linisler	Christina ( )				
15. WAS DECEASED EVFR IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mis E. n. Amisler				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	t uffer serperatory in faction 2 weeks.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO				
218. PLACE OF INJURY (e.g., hOMICIDE (Specify) about home, farm, factory, atreet, office bldg.,					
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK					
deceased alive on result 19, 19 VD, and that death occur	rred at 4.44 m., from the causes and on the date stated above 23B. ADDRESS  23C. DATE SIGNED  23C. DATE SIGNED				
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 3 22 50 Italy	edeemer Delser Road				
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAR 2 1 1950	25. FUNERAL DIRECTOR Some 13/8 highl				



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	, 26 5	200	BA			ALTH DEPART				
BII	RTH NO.			CERTIFICA	ATE	OF DEATI	-1	Registered N	0	
	NAME OF DECEAS	STANLEY	B. W.	ILSON				OF Marc	h 18;	1950
	PLACE OF DEATH: Baltimore City, M					A STATE		Where deceased lived, If	institution:	
HC	SPITAL OR	Ave		tion)						
44					irs.	D. STREET ADDRE				
-	Length of stay in			I	ays	1119 Par	t will be seen a seen as a			
		olored	WIDOV Mari	e, MARRIED, VED, DIVORCED (Sp <b>ried</b>	pecify)	Jan. 26,1		9. AGE (In years Mon 1981) 18st birthday) Mon 70	Under I Year oths: Days	H Under 24 Hour Hours Min
	A. USUAL OCCUPAT doneduring most of working Butler			of Business of Industrial Parties	TRY	11. BIRTHPLACE (S		oreign country)		EN OF COUNTRY S. A.
13.	FATHER'S NAME	1	2 2 2 7 7 (	A O A CAME L.y		14. MOTHER'S MA	DEN N	AME		130 110
	Westley W	ilson				Phibia	?			
15 (Yes	. WAS DECEASED EVER , no or unknown) (If ye	IN U. S. ARMED es, give war or dates	FORCES? of service)	ces? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mable Wilson 1119				lson 1119 A	odress	ve.
TIFICATION	DISEASES OR C RISE TO THE ABO UNDERLYING C	cation which conditions, is over Cause (A) CONDITION LA	ES  ANY, GIVI STATING T	(B)		terroseler enrlity	051	S		
ER	OTHER SIGNIFI	NOT RELAT	ED							
O	TO THE DISEASE			FINDINGS OF	PERA	ATION			20. A	UTOPSY?
SA!									YES	NO
EDICA	21A. ACCIDENT, SL HOMICIDE (Spec	oify)	218. PL about home,	ACE OF INJURY ( farm, factory, street, office	e.g., in bldg.,et	or 21c. WHERE D c.) INJURY OCCUI		lf in Baltimore City, g	ive exact l	ocation)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK									
	deceased alive on was 13, 19 and that death occurred at 8 1 m., from the causes and on the date stated									
	23A. SIGNATURE;		Passen		23	BB. ADDRESS	rtan	. //	23c. DA	TE SIGNED
24	A. BURIAL, CREMA- N. REMOVAL (Specify) Burial	248. DATE 3-22-50			1ETEF	RY OR CREMATORY		ocation (City, town, timore, Md.		(State)
DA	TE RECEIVED BY	REGISTRAR'S	- 1		-	25. FUNERAL DIRI		OTHIOL C. MICH	ADDRESS	S
	AR 2 1950	tion of	1 1 1 1 1	KUNG L		(Mrs) Frances		msley 578 W	. Biddl	e St.

HI ST. MINIST Y Manual Manual Post of the Contract of the Cont

20. AUTOPSYT (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 8-30-, 19 49 to 2-28-, 19 50, that I last saw the 22. I hereby certify that I attended the deceased from 1950 and that death occurred at 4:55A m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED B.C.H.\_\_4940 Eastern Ave. 24C. NAME OF CEMETERY OR CREMATOR REGISTRAR'S SIGNATURE 98+99 OVER

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OF INJURY

deceased alive on.

CAB DATE

23A. SIGNATURE

24A. BURIAL. CREMA-

TON REMOVAL (Specity) Suria DATE RECEIVED BY

OCAL REGISTRAR

death

causes

the

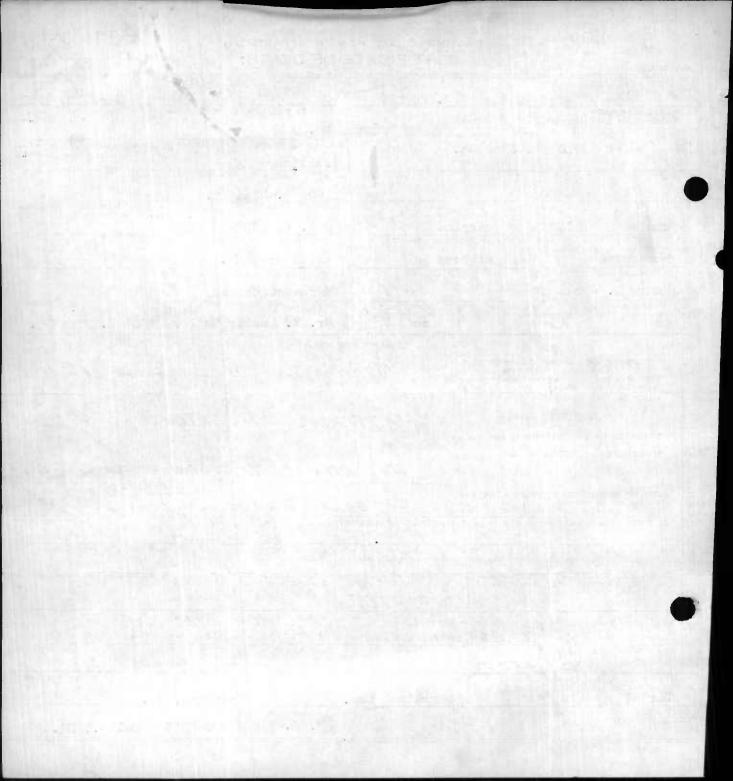
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2590 egistered No.

BIR'	TH NO.			CERTIFICAT	E OF DEATH	Registe	red No		
1. N	NAME OF Doe or Print)		12012E	7 3077 7 300		2. DATE			
А. В		EATH: City, Maryland		J. MULLER	A. STATE	DEATH ICE (Where deceased live B. COUNT	Mar. 19, 1950 red. If institution: residence TY before admission		
HOS	ULL NAME SPITAL OR TITUTION	1601 E.			C. CITY OR TOWN (If outside corporate limits, write RURAL and gi townshi				
L	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  1601 E. 32nd St.				
	emale	6.COLOR OR RACE white	marr:		8. DATE OF BIRTH Oct. 6, 189	9. AGE (ln yet last birthda	ars if Under I Year H Under 24 Hou y) Months Days Hours Min		
work do	one during most of working life, even if retired) housewife		108. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Sta	12. CITIZEN OF WHAT COUNTRY			
	FATHER'S N				14. MOTHER'S MAIDEN NAME				
15. Yes, r	Henry T. Jackson  5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes. give war or dates of service) no			16. SOCIAL SECURITY NO. <b>NO</b>	Margaret Co		ADDRESS 501 E. 32nd St.		
SATION	injury or DISEASE	re, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	eaused death SES F ANY, GIVIN STATING TH	(B) ART.	ERIAL H				
ERTIFIC		II SIGNIFICANT CONDS S TO THE DEATH, BUT				DISE			
U _	TO THE D	SEASE OR CONDITION	CAUSING I	FINDINGS OF OPER	BRAL ART	ERIOSCLERI	20. AUTOPSY?		
	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., i arm,factory,street,office bldg.,			City, give exact location)		
Σ -	21D, TIME OF INJURY	NJURY OCCUR?							
1	22. I hereby certify that I attended the deceased from /2/10, 1948, to 3/19, 1950, that deceased alive on 3/17, 1950, and that death occurred at 4.25 P.m., from the causes and on the date								
2	23a. SIGNA		mache		633/ Ber	lain Road	(6) 23c. DATE SIGNE 3/20/50		
TION	REMOVAL (S Burial	Decisy) 248. DATE	20' Z	Ac. NAME OF CEMETE		Woodlawn Md			
	E RECEIVE AL REGIST	RAR	S SIGNATU	ALTANIA MA	M. J. TICH	OVER & SONS	Balto., Md.		



2591

### 3-24-50

BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

83a

Balto. Md.

Physicians: please write the causes of death clearly and legibly.

age is especially important.

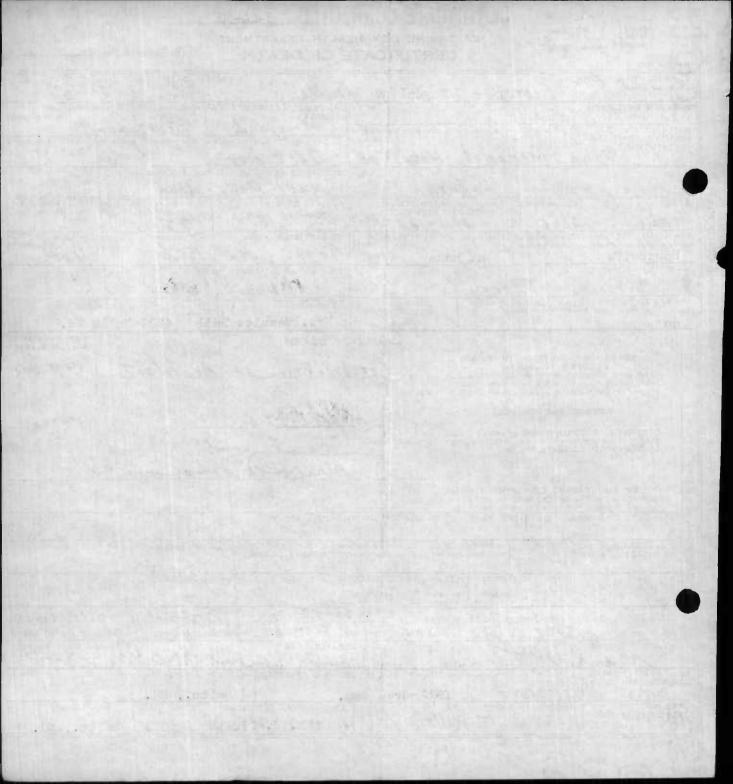
	E OF DEATH Registered No.	
BIRTH NO.  1. NAME OF DECEASED	12. DATE	
(Type or Print) Florence Magdalane	A- 1/ 1/	0-50
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		vrite RURAL and give
Union Memorial Hospital	Baltimore 15-0	township)
Length of stay in Baltimore Unknown Bays	D. STREET ADDRESS (If rural, give location) 420/ Palls Road	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) H Und	der 1 Year   If Under 24 Hours
Female White Married (Specify)	Oct 14, 1874   last birthday) Month	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  However Company Co		WHAT COUNTRY
Housewife at home	14. MOTHER'S MAIDEN NAME	0379
William Tracey	Elizabeth Gallion	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		RESS
no	Mrs. Bernice Hall 4201 Fall	s Rd.
18.331 X , CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	bro-Vascular Accident	48 Hrs
	, 4 .	
DISEASES OR CONDITIONS, IF ANY, GIVING	spertension.	Years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	malegral, 1	1
(c)	Surlaines, house	
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT. SUICIDE. 1 HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, etreet, office hidg.,	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
32. I hereby certify that I attended the deceased from 3 -	20-50, 19, 10 3-20-50, 19, 1	that I last saw the
deceased alive on 3 - 20, 1970, and that death occur	rred at 10 Am., from the causes and on the	date stated above.
Marshall Harrie 7, M.D.	38. ADDRESS	3 - 200 TO
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24D. LOCATION City, town, or	county) (State)
Burial 3/23/50 Sthedral Ce		
paking tal Ce	me barroe mide	

25. FUNERAL DIRECTOR

J.FIICKNER & SONS

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

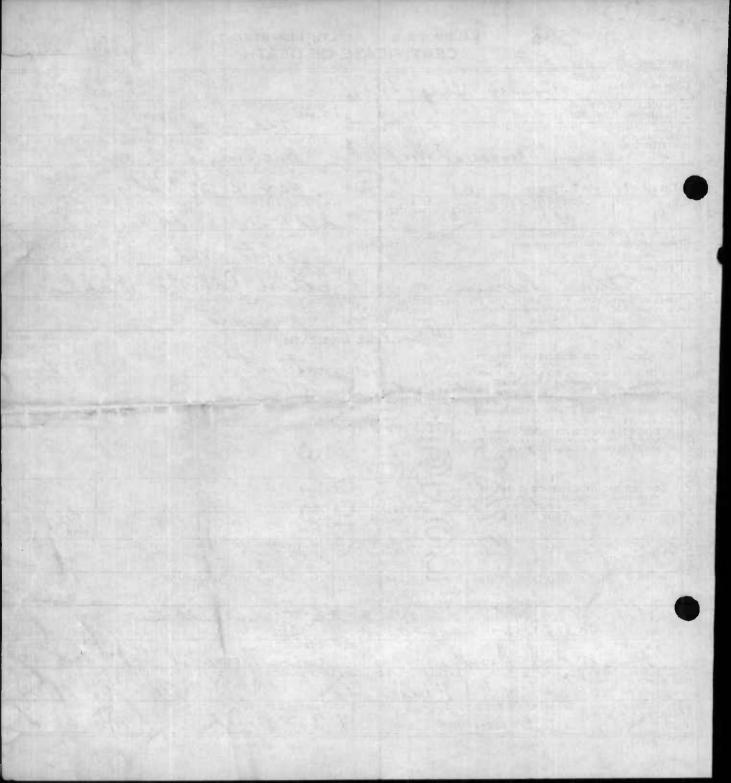


## BALTIMORE CITY HEALTH DEPARTMENT

BII	RTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DECEASED MICH	IAEL W. DOYLE		2. DATE OF BEATH 3-	20-50
Α.	Baltimore City, Maryland	al or institution, give street address or	A. STATE	Where deceased lived, B. COUNTY	lf institution : residence before admission
HO	OSPITAL OR	KENWOOD AVE	C. COPOR TOWN (I	RE !	nits write RURAL and giv township
	Length of stay in Baltimore	? Yrs. Mos. Dnys	102/5.	rural, give location)	AVE.
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WOOMED, DIVORCED (Specify)	8-16-1883	9. AGE (In years last birthday)	Il Under I Year Il Under 24 Uone Months Days Hours Min
L	A. USUAL OCCUPATION (Give kind of done during most of working life, exact retired)  ABORATORY - 557.	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13,	MARTIN DO	VI.F	SUSAN N	1º NAM	ARA
15. (Yes,	. WAS DECEASED EVER IN U. S. ARMEI , n. or anknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	WM. L. Day	11 F - SA	ADDRESS
	18. 443 X DISEASE OR CONDITION	DIRECTLY	OF DEATH		INTERVAL BETWEE
	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mea injury or complication which	of dying, e.g., (A)			Since
Z	ANTECEDENT CAU	SES (B)	perturni la	rdio-Vano	when
ATIO	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	herme		
RTIFIC	II COMPANY COMP				
CEF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED I CAUSING IT.			
AL	19a. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	RATION		YES NO
EDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City	, give exact location)
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WARK		Y OCCUR?	
	22. I hereby certify that I att	ended the deceased from	18/11/195,00		Qthat I last saw th
	degeneral alive on 3/20/	19 and that death occur	23B. ADDRESS	The causes and on	23c. DATE SIGNED
24	BURIAL, CREMA- REMOVAL (Specify)	50 DEME OF SEMETE	ERY OR CREMATORY 2407	OCATION (Gity tow	n, or county) (State
DA	TE RECEIVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	INC TAI	ADDRESS D
==	VS 150	V7:	0.98	ING. WAL	93)
		MARLES AND	10		

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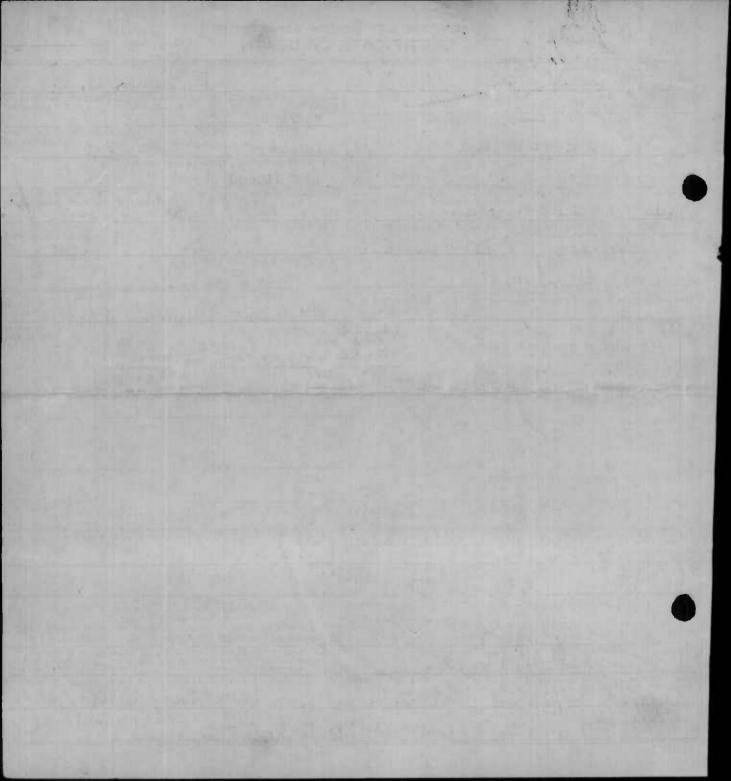
2593 ORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 50 -0425 9 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3-20-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshin' D. STREET ADDRESS (If rural, give location) Moor Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) 5 24 days 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPL CE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO () 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 2 - 24-50, 19, to 3-20-50, 19, that I last saw the deceased alive on 3-20-5719, and that death occurred at 1.352.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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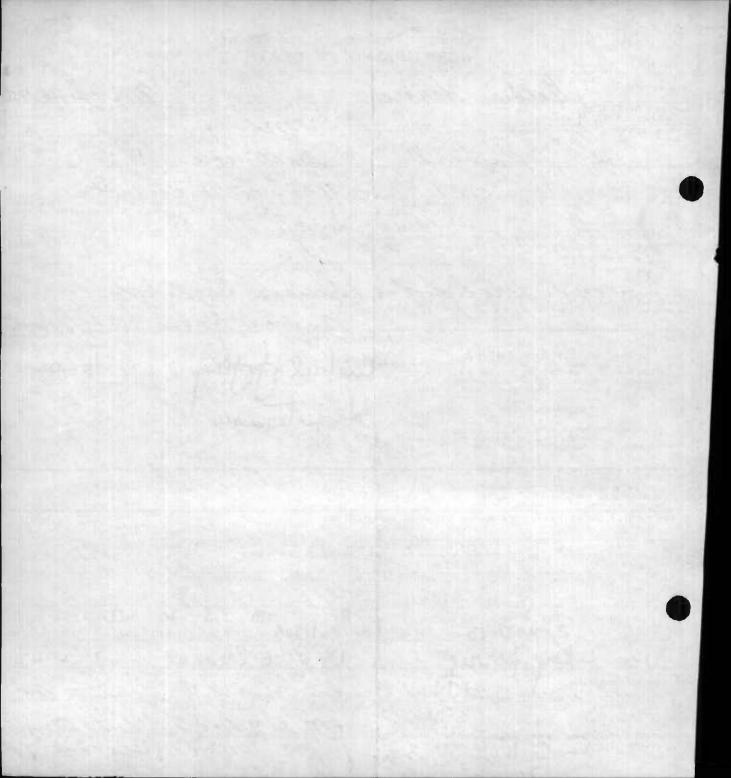
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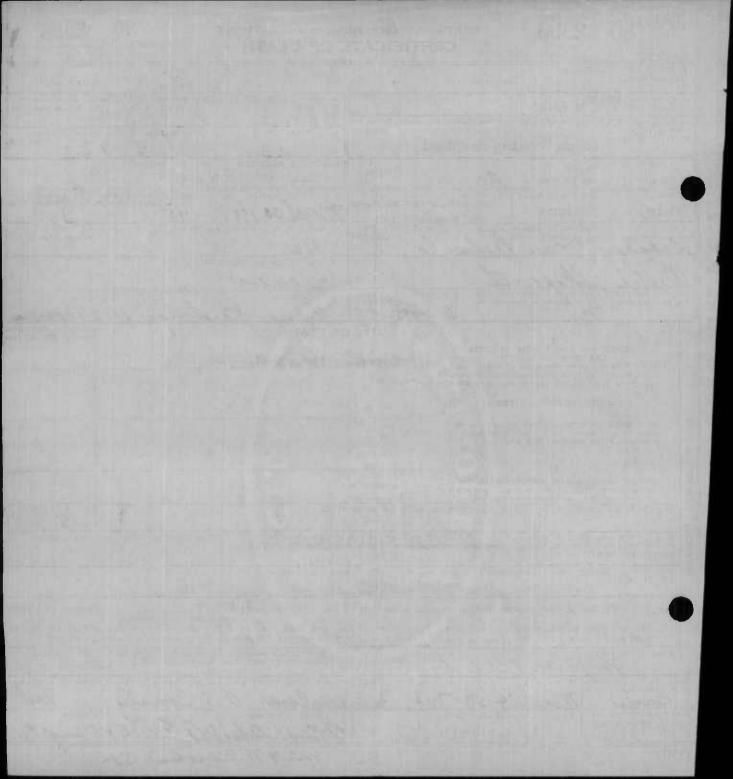
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## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO	,	CE	RIIFICATE	OF DEATH	registered red	
	OF DECEASED	CHARLES		SKIPPER	DEATH	20, 1950
	OF DEATH: ore City, Maryland			4. USUAL RESIDENCE (\ A. STATE	Where deceased lived. If in B. COUNTY	stitution : residence before admission
B. FULL N	AME OF (If not in ho	spital or institution, gi		Maryland		
HOSPITAL INSTITUTI	ON	kins Hospita			f outside corporate limits,	write RURAL and gi
30	Johns Hop	KINS MOSPICA		Baltimore p. STREET ADDRESS (If	5-6	10
T am autilia	-6 -4 in D-14:	1070	Mos.	1112 Thompson		
SEX	of stay in Baltimor		Days	B. DATE OF BIRTH	9. AGE (in years   If Ur	nder I Year   If Under 24 Hor
Male	Colored	WIDOWED, D	IVORCED (Specify)	March 30 1904	last birthday) Mont	ths Days Hours Mi
	L OCCUPATION (Give kin			II. BIRTHPLACE (State or f	oreign country)   1	2. CITIZEN OF
ork dene durin	g most of working life, even if ret	Hoduce (	NDUSTRY	Mal		WHAT COUNTR
3. FATHE	R'S NAME	1		14. MOTHER'S MAIDEN N	AME	
Well	ie Skipe	reth		France ?		
15. WAS DE	CEASED EVER IN 10, S. AF	MED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT	, ADI	DRESS
	no	2/	3-095-197	Lena Kar	denge 111	2 /homba
18. 4	1200.		CAUSE O	F DEATH		INTERVAL BETWE
D	ISEASE OR CONDITION					ONOL! AND BEA
	LEADING TO D s does not mean the mo	de of dying, e. g.,	(A) Coronar	y thrombosis		
	t failure, asthenia, etc. It ry or complication whic		DUE TO			
	ANTECEDENT C	AUSE <b>S</b>				
Z DIG	EASES OR CONDITION	e is any civing	(B)	•••••		
RISE	TO THE ABOVE CAUSE DERLYING CONDITION	(A) STATING THE	DUE TO			
RISE UND THE CATION OF THE CAT	DERETING CONDITION	LASI.				
트	п	10 B ( 10 B ) B	(C)			
C TRIE	IER SIGNIFICANT CO					
/ \	THE DISEASE OR CONDIT	TION CAUSING IT.	DINGS OF OPERA	TION		20. AUTOPSY?
100.00	ATE OF OPERATION	19B. MASOR TIN	JINGS OF OFERA	TION		YES X NO
21A. E	KTERNAL CAUSE WAS		F INJURY (e.g., In o		If in Baltimore City, giv	
	RY  or CONTRIBUTIN OF DEATH.	G   about home, farm, fac	ctory, street, office bldg., etc	) INJURY OCCUR?		
∑ 21p. TI	ME (Month) (Day) (Y	ear) (Hour)   21E. I	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJ	URY	m. WHILE				
2. 1	certify that I took c			ove, held an Autor	sy	thereon and fro
					Inspection or Inquiry	
an	ed death in my opine	on resulted from:	natural causes	🛣, aceident 🔲, suicide	, homicide , une	$determined \square$ .
	GNATURE 1 M	10 11 L		238. CHIEF MEDICAL	EXAMINER 23c.	DATE SIGNED
	91-4. 4M	Clafferly	M.D		ror	-20-50
TION, REMO	VAL (Specify)	E) 44/1 24/1	NAME OF CEMETER	OR CREMATORY 24D. L	OCATION (City, town, or	r county) (State
Du	uel Marci	125/50 h	M. Culn	uy cem. U.	a County	Tha
LOCAL RE		AR'S SIGNATURE	1233 415	5. FUNERAL DIRECTOR	16. 6008-	ADDRESS
- 14 /	11950	To The United States	MALLIAM	non lovey	14. Wellary	a auguly
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## BALTIMORE CITY HEALTH DEPARTMENT

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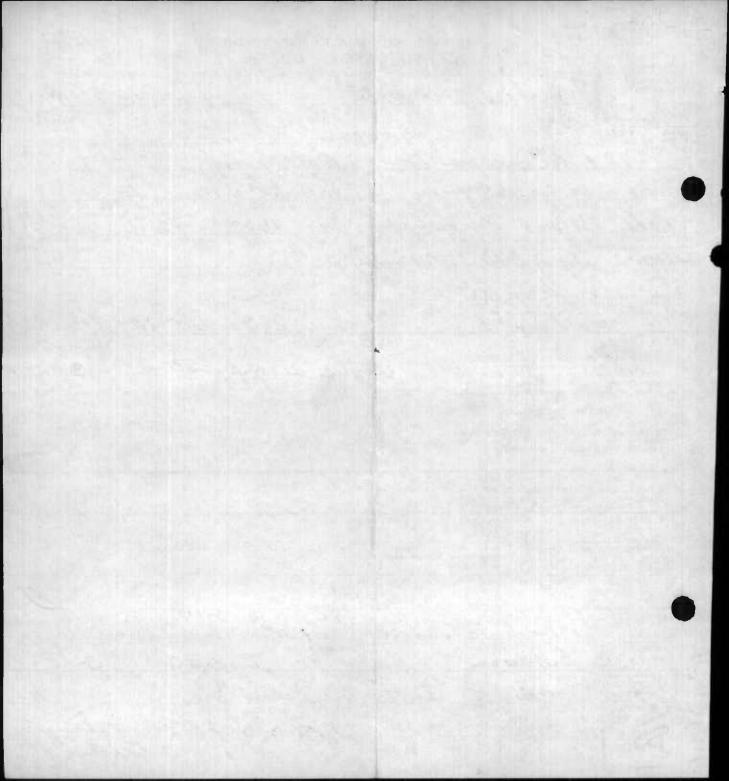
Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED schard Farnet 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | | Under | Year | | Under 24 Hours | last birthday | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) married 1907 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BATHPLACE (State or foreign country) 12. CITIZEN OF worldone during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECYSED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO Would War # CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 1-20 1950, that I last saw the deceased alive on 17 head, 1950, and that death occurred at 1.33 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3-20 24A. BURIAL CREMA-248 DATE 24C. NAME OF CEMETERY OR CREMATORY OCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

VS 150

LOCAL REGISTRAR

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2598 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) caretul Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Sus Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eveo if retired) WHAT COUNTRY? Laborer Cumming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME un 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknowe) SECURITY NO. 8-01-6131 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple myeloma (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Utemia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c, WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WORK 22. I hereby certify that I attended the deceased from , 19\_\_\_\_, to\_ , 19 that I last saw the in., from the causes and on the date stated above. deceased alive on\_ 19\_\_\_\_, and that death occurred at\_\_\_\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY 5. FUNERAL DIRECTOR ADDRESS VS 150

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before admission)

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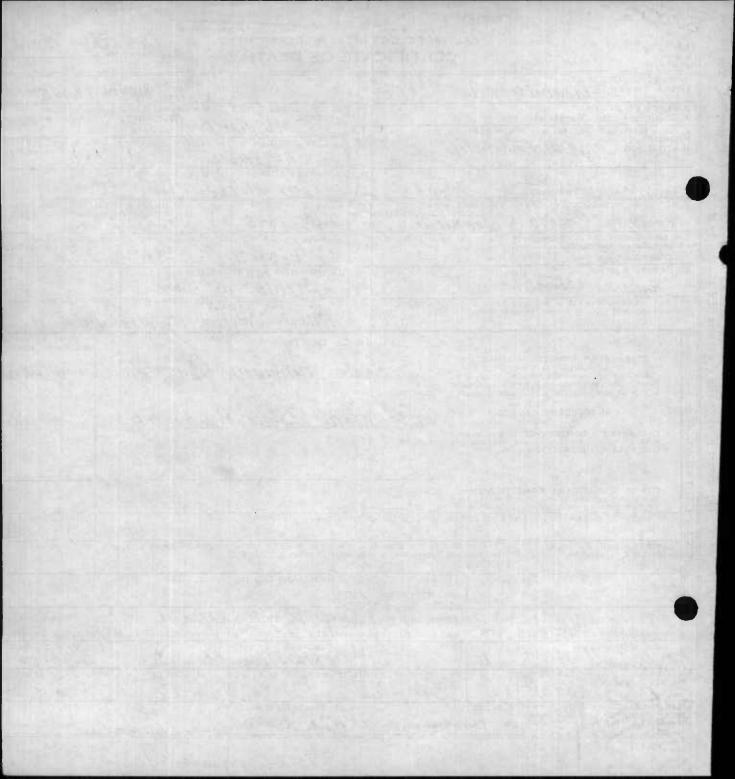
20. AUTOPSY

(If in Baltimore City, give exact location) . 1939, to Mar. 20 , 1950, that I last saw the deceased alive on Mar. 19 1950, and that death occurred at 1110 A.m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED M. D. | Medical Arts Building 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) (State) burial 3/22/50 Baltimore Baltimore, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR John Q. Mitchell & Sons, Inc. 1900 Eutaw Pl. The war of the VS 150 83a

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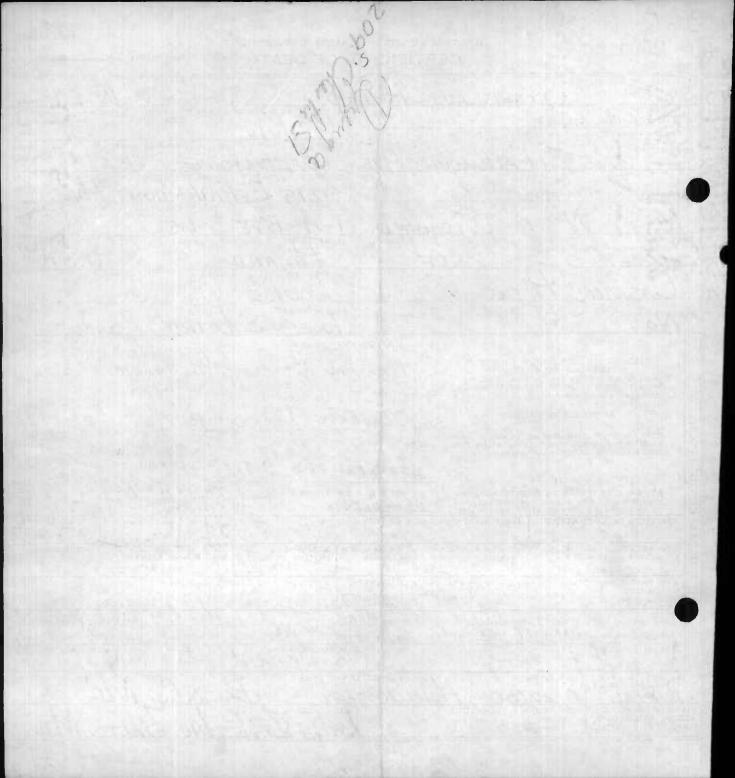
## CERTIFICATE CORRECTED 3-24-50

50	CERTIFI		OF DEATH	Registered I	50 2600
1.	NAME OF DECEASED  Sype or Print) ELIZABETH A. Prate			2. DATE OF MAKE	ch 18, 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If	
H	FULL NAME OF (If not in hospital or institution, give street a OSPITAL OR 1708 W. FRANKlin St.	ddress or location)	1	outside corporate limit	s, write RURAL and giv township
			D. STREET ADDRESS (If	rural, give location)	U I
	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Mos. Days	1708 W. FR,		5t.
1	FEMALE Colored MARRIED	(Specify)	Aug. 5, 1893	last birthday) Me	Under 1 Year   H Under 24 Hours on the Days Hours Min.
10 work	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINES: k done during most of working life, even if retired)  House wife	DUSTRY	11. BIRTHPLACE (State or for DorchesTER (	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	AARON Cornish		14. MOTHER'S MAIDEN NA	li/SON	1/
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give wer or dates of service)  16. SOCIAL SECURIT	Y NO.	17. INFORMANT Prat		DDRESS .
	18. 490 X	AUSE O	F DEATH	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A), heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Acute	= Pulmonary	Congestion	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ilate	ral Lobor PA	eumonia	Serensould
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
L	19A. DATE OF OPERATION   19B. MAJOR FINDINGS O		TION		20. AUTOPSY?
CAL	21A. ACCIDENT, SUICIDE,   218. PLACE OF INJUR	Y (e.g. in c	or   21c. WHERE DID (I	f in Baltimore City,	YES NO L
EDI	HOMICIDE (Specify) about home, farm, factory, street, c				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Σ		OCCURRED	21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from deceased alive on MARCH 18, 1950, and that deat	m Fehre	MARY 26, 1950, to Me	orch 18, 1950	2, that I last saw th
	23A. SIGNATURE	23	B. ADDRESS 1631W. Frank	less St.	23c. DATE SIGNED  3-70-50
24 TIO	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CON. REMOVAL (Specify)			OCATION (City, town,	
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE		Disable May	nie Warge	ADDRESS
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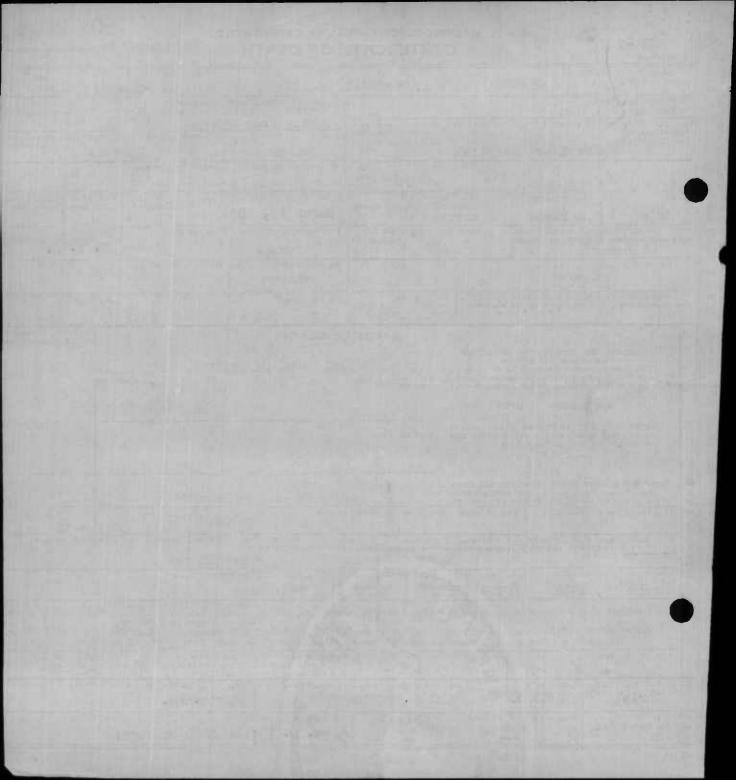


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perturn. Inysicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT

1 3	COUC			CERTIFICAT	E OF DEAT	Н	Registered	No	
1 2	1. NAME OF D (Type or Print)	ECEASED BENN	Y	A (Benjamin	a) SULLIVAN		2. DATE OF Market	h 70 7	1050
-	3. PLACE OF D	2-111		Α	4. USUAL RESID		here deceased lived. I	f institution:	
۱	B. FULL NAME HOSPITAL OR INSTITUTION	of (If not in hospital Provident H		tion, give street address or location)					
ľ			0.00	Yrs.	O. STREET ADDR	-	rural, give location)		
d	Length of s	tay in Baltimore		Mos. Days	604 Bake	r Stre	eet		
	Male	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTE	Н	9. AGE (In years last birthday)	if Under I Year Ionths: Days	Hours Min
-	10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)					reign country)	U. S.	EN OF COUNTRY
-	13. FATHER'S				Virgi 14. MOTHER'S MA Unknown		ME	1	
-	15. WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	1.16. SOCIAL	17. INFORMANT			ADDRESS	
1	(Yes, no or unknown)	(If yes, give, war or dates	(bf service)	SECURITY NO. 218-01-7317	Erma Sul	ituan	1351		nore St
-	18. E 9	61			OF DEATH	TAGIL	1771		AL BETWEE
	Z DISEASE O RISE TO 1 UNDERL' U OTHER S TRIBUTING	complication which of ANTECEDENT CAUSE SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE OBATH, BUT SISEASE OR CONDITION	F ANY, GIVE STATING T ST. TIONS CO	(B) NG HE DUE TO (C)					
	U 19A. DATE C			FINDINGS OF OPER	RATION			20. A	UTOPSY?
	PRIMARY XI	NAL CAUSE WAS OR CONTRIBUTING DEATH.  (Month) (Day) (Year)	about home,	ACE OF INJURY (e.g., farm, factory, street, office bldg., home	otc.) INJURY OCCU	aker S		give exact l	ocation)
	OF INJURY		200	WHILE AT NOT WHILE AT WORK	present by .	rms			
	2. I certify that I took charge of the remains described above, held an Partial autopsy thereon an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and deather my opinion resulted from: natural causes , accident , suicide , homicide , undetermined								ated above
	23A. SIGNA	m h	Con		ASSISTANT M	EDICAL E	EXAMINER	3-20-	-50
	TION, REMOVAL (S			Balto. Nation			O. Md.	i, or county)	(State)
	DATE RECEIVE LOCAL REGIST	RAR 950	S SIGNATU	JRE	Gey. Ga Ke		.303 Presstm	address an St	,
	VS 151 / -	853 - 0	<del></del>	9809	9			166	V



The	0 2603  BALTIMORE CITY HEALTH DI CERTIFICATE OF D						Registered	50 260 No	)3
		NAME OF D Type or Print)	ECEASED EMIL	E. MYN	AR		2. DATE OF Marc	h 19, 1950	)
supplied.	A. B.	FULL NAME	City, Maryland 27		on, give street address or		Where deceased lived. I	f institution: resid before ad	
2	HOSPITAL OR location				c. CITY OR TOWN (1) Baltimo	f outside corporate limi		and giv	
care u	Length of stay in Baltimore 63 years Mos. Days					D. STREET ADDRESS (I. 2700 As	shland Avenue		
one be		sex male	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify) NATTIEC	Jan. 11, 1883	9. AGE (In years last birthday) M	It Under 1 Year It Und onths Doys Hour	ter 24 Hour rs Min
clearly	#0r	A. USUAL OC kdomeduring most retired	CUPATION (Give kind of of working life, even if retired)	own gr	of BUSINESS OR INDUSTRY OCCRY busines			U.S.	
death	13	B. FATHER'S	Joseph M	ynar		14. MOTHER'S MAIDEN N	nna Dobihal		
of	(Ye	S. WAS DECEAS S. no or ooknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. NO	Anna Mynar - wif		land Ave.	
causes		18. 24	1 × 1	log h	CAUSE	OF DEATH		INTERVAL E	
write the		(This does	SE OR CONDITION LEADING TO DEA's not mean the mode core, asthenia, etc. It mean the mode complication which	TH of dying, e. g ons the disease	DUE TO	pocenditis		3 da	γ.
ease w	NO	ANTECEDENT CAUSES				onelist aste	wa	100	<b></b> .
s: pe	CATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH					

21A. ACCIDENT, SUICIDE,

HOMICIDE

CERTIFIC

MEDICAL

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY WHILE AT NOT WHILE! AT WORK

2. I hereby certify that I attended the deceased from March

23A, SIGNATURE

(Specify)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Mar. 22, 1950

Holy Redeemer Cemetery

23B. ADDRESS,

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

Schimunela Funeral Home, Inc.

17, 1950 to Warch 19, 1950, that I last saw the deceased alive on Ward 18, 1940, and that death occurred at 730 a m., from the causes and on the date stated above. 23c. DATE SIGNED 447 4. Renoved an 20/40. 24D. LOCATION (City, town, or county)

4430 Belair Rd. Baltimore, Md.

(If in Baltimore City, give exact location)

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

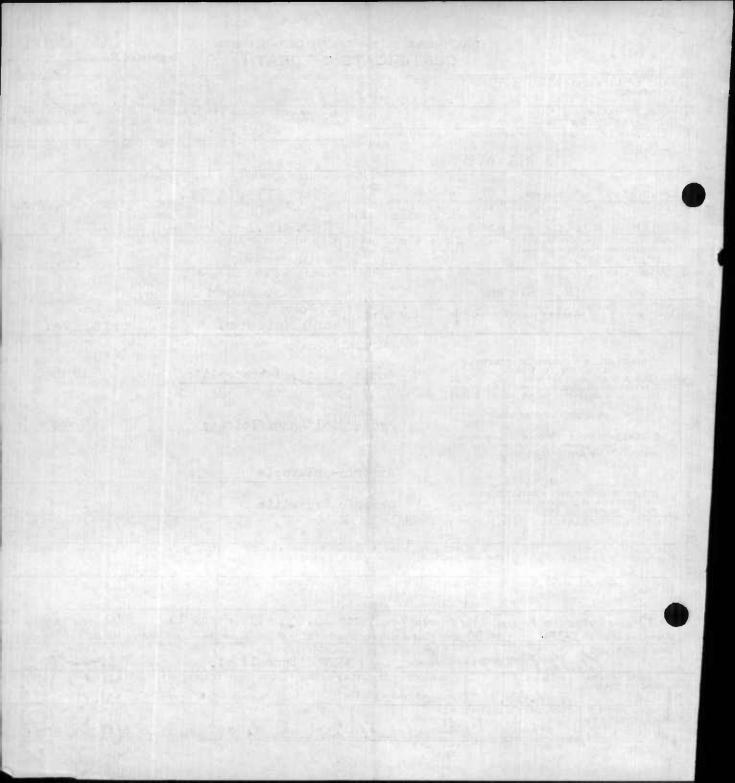
ADDRESS

VS 150

20. AUTOPSY

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	H NO.		•	CERTIFICATI	E OF DEATH	Registered N	То
	ME OF D or Print)		ilda A	.Matzdorf		2. DATE OF DEATH Mar	19.1950
	ACE OF D			- 11.00 B 00 C 2 2	4. USUAL RESIDENCE	CE (Where deceased lived, If	institution: residence
B. FUI	L NAME		al or institution	on, give street address or	Md.	B. COUNTY	before admission
HOSP	TUTION			location)	C. CITY OR TOWN	(If outside corporate limits	
150		2906 El	liott	St.	Baltimo	re -(	township
Lei	ngth of s	tay in Baltimore	70	Yrs. Mos. Vears Days	D. STREET ADDRESS	(If rural, give location)	
5. SE		6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mo	Under 1 Year   If Under 24 Hours nths Days Hours Min.
10A. L	SUAL OC	CUPATION (Givekinder		OF BUSINESS OR	Mar. 16,18	e or foreign country)	12. CITIZEN OF
ork done	eduring most o	f working life, even if retired)		INDUSTRY			WHAT COUNTRY
	THER'S N				Germany	IN NAME	U.S.
		Not Kn	OWN		Not Kn		
15. W	AS DECEASE	D EVER IN U. S. ARME	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Yes, no	or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		orf 3503 Glens	
18	.50	× 0			OF DEATH	22 0000 010112	INTERVAL BETWEEN
	(This does heart failu	LEADING TO DEA not mean the mode re, asthenia, etc. It mes	TH of dying, e. g. uns the disease		bilateral bron	nchitis	10 days
NO	DISEASE	complication which ANTECEDENT CAUS OR CONDITIONS, 1	SES	(B) Myocar	dial Insuffici	Lency	6 days
RTIFICATION	UNDERLY	HE ABOVE CAUSE (A)	STATING THE				
E		11		(c) Arteri	o-sclerosis		?
CERT	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	Chroni	c Nephritis		?
19				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL PH 121	A. ACCIDE	NT. SUICIDE. (Specify)	21B. PLAC about home, fa	CE OF INJURY (e. g., is rm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, g	
Σ -21	D. TIME (	Month) (Day) (Year	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID IN	JURY OCCUR?	
2	2. I hereb	y certify that I at		. Mana	h 10, 1948, to	March 18 , 19 5	Othat I last saw th
de	eceased ai	ive on 3-18-	, 19_50. a	nd that death occur	red at 4 0. m., fr	o <mark>March 18 , 19 5</mark> om the causes and on th	e date stated above
23	a. SIGNA	A. A. A	www	shas, M.D. 3	3037 O'Donnell	St.	3-21-50
	BURIAL (S REMOVAL (S Pial		3,1950	4c. NAME OF CEMETE Schwartz's		4D. LOCATION (City, town,  O Donnell S	
					25. FUNERAL DIRECT	TOR DOTHIGHT D	ADDRESS
LOCA	L REGIST	RASSO TIME	3. 信息//	0:0:0:0	Danhand WAL	offmann 1630	Rnoodwow



50 - 2605BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lives. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUICAL and give INSTITUTION legibly. ADDRESS Yrs. (If rural, we location Meer Length of stay in Baltimore Daye and SEX 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) AGE (In years) It Under 1 Year last birthday) Months Days Hours Min. clearly 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jo WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) 17. INFORMAN ADDRESS SECURITY NO causes San INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT WORK

2. I hereby certify that I attended the deceased from. deceased alive on 2/14 19 50, and that death occurred at

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

> Mar.23 REGISTRAR'S SIGNATURE

Oak Lawn

21E. INJURY OCCURRED

NOT WHILE

AT WORK

24c. NAME OF CEMETERY OR CREMATORY

238. ADDRESS

21c. WHERE DID

INJURY OCCUR?

7225

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, fown, or county) Eastern Ave.

\_m., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

25. FUNERAL DIRECTOR

aremce F. Hoffmann 1639 Broadway.

ADDRESS

19 Sthat I last saw the

23c. DATE SIGNED

20. AUTOPSY?

NO &

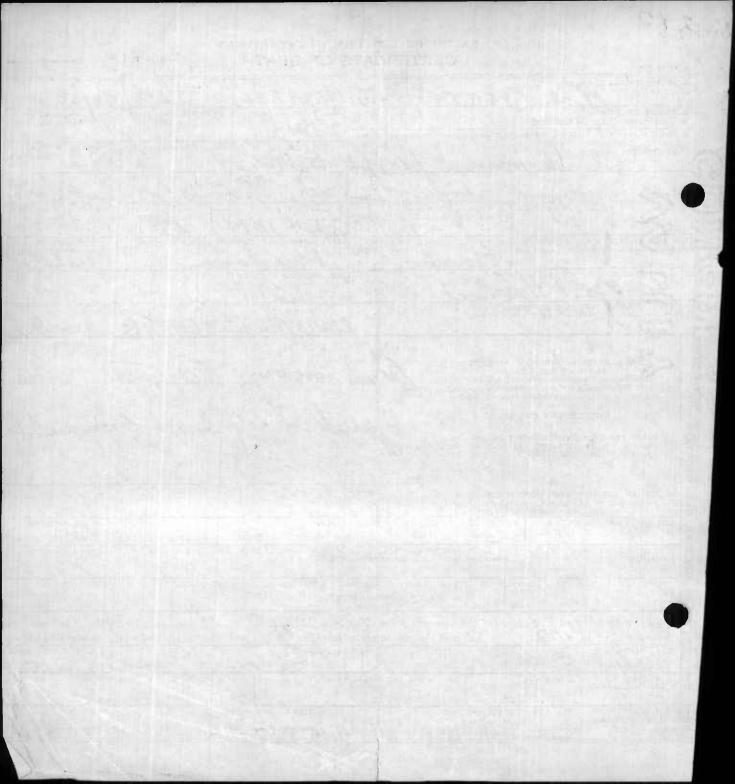
township)

DATE RECEIVED BY

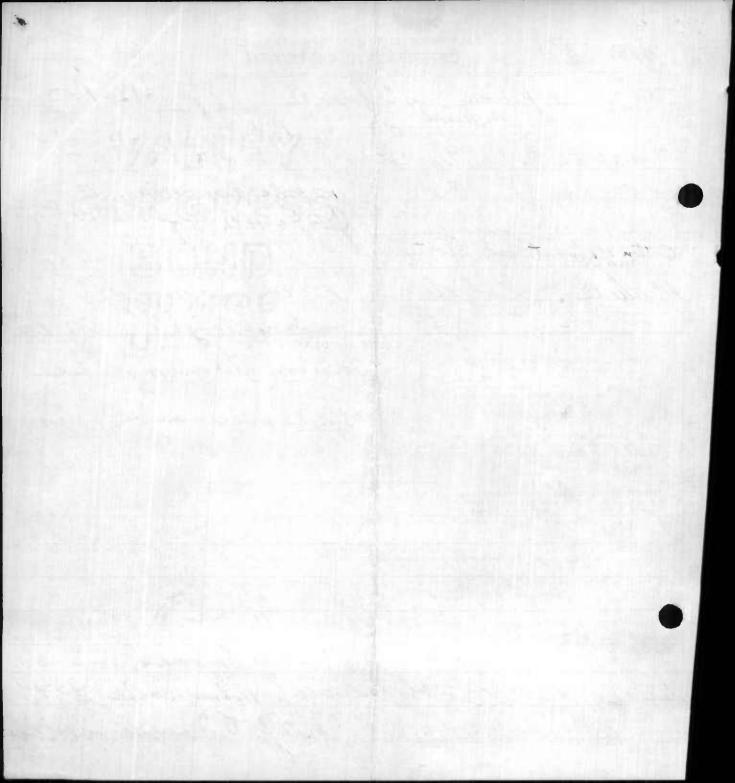
LOCAL REGISTRAR

Burial

EDICAL



1-	312	BALTIMORE CITY H	EALTH DEPARTMEN	т 50	2606
	2606 RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
(T	NAME OF DECEASED (ype or Print)	il Stal	nelli	2. DATE OF DEATH 3/20	150
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	etterial astitution, give street address or	A. STATE IM	. (Where deceased lived, If inst B. COUNTY	titution: residence before admission)
H. I.	OSPITAL OR ISTITUTION 133 So. Popp	bleton It.		(If outside corporate Moits, w	township)
legibly	Length of stay in Baltimore	35 yrs Mos. Days	133 So. 7	oppleton	St.
y and		INGLE, MARRIED, IDOWED, DIVORCED (Specify,	Spate of BIRTH	AGE (In year: H Under last birthday) Month	er I Year 8 Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of 10B.	Sports were	11. PRTHPLACE (State)		CITIZEN OF WHAT COUNTRY?
eat	Michele Sto	fuelli	Lacker MAIDEN	NAME alle	Olo. J
O (Ye	MAS DECEASED EVER IN U.S. ARMED FORCE a, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	mrs Marie	Kompo 8 P	RESS Chew ave
true cum cura	DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	CTLY  og, e.g., disease,	or DEATH	irmlmis	INTERVAL BETWEEN ONSET AND DEATH
IFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		3rm do prie	umano	1 wk.
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED			
		AJOR FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE. 21 HOMICIDE (Specify) about	B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
M	21D. TIME (Month) (Day) (Year) (Hound OF INJURY	MHILE AT NOT WHILE M. WORK AT WORK		URY OCCUR?	
	I hereby certify that I attended deceased alive on how 1919	7. and that death occu	rred at 7 9 m., from	n the causes and on the c	date stated above.
	23A. SIGNATURE CHARLES	M. D.	1724 W 0	Lombard 4 3	3- 21-50
	44. BURIAL, CREMA- 24B. DATE DIVIENOVAL (Specify)  3/25/50		elmer gu. Ce	Loud & Onthos	Su da
-	ATE RECEIVED BY REGISTRAR'S SIG	NATURE OF O	25. FUNERAL DIRECTO	Sowant Son	Hollins
	VS 150	4966	36	9	14a - St



or ceath searly and legibly.

0	2607	1	BAI		ALTH DEPARTMENT	77	20 2007
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF D ype or Print)	Eddie Gibs	On			2. DATE OF DEATH 3-16	<b>-</b> 1950
A.		EATH: City, Maryland			4. USUAL RESIDENCE (		
H	FULL NAME OSPITAL OR STITUTION	Baltimore Ci 4940 Eastern	ty Hosy	cion, give street address or location)	C. CITY OR TOWN (I Baltimore	f outside corporate limits	, write RURAL and give township
•	Length of s	tay in Baltimore	25	Yrs. Mos. Days	o. STREET ADDRESS (If		
	Male	6.COLOR OR RACE	7 SINGL	E, MARRIED, VED, DIVORCED (Specify) Le	Jan. 1, 1903		Under 1 Year # Under 24 Hoursthan Days Hours Min
10 vori	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f South Carolina	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
		Gib. Gibson			Nellie Myers		
15 (Ya	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
					Records-B.C.H.	-4940 Eastern	Ave.
ERTIFICATION	DISEASE:	complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ES ANY, GIVIN	(B)	due to staphyloc	aurens	, ver
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATE	EO	Uremia		
DICAL	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	W. Line	20. AUTOPSY?
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	21C. WHERE DID (	If in Baltimore City, gi	ve exact location)
~	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
1	deceased a	live on 3-16-		and that death occur	-12-, 19 50 to red at 8:30Am., from 1	the eauses and on th	e date stated above
	23A. SIGNA	48.0	loger	MI. D.	3B. ADDRESS B.C.H4940 East		3-15-50
7	BUNIAL (S	1 3/21/	50	7 COMETE	burn Os	all M	0
	TE RECEIVE	DAD William	S SIGNATU		25 FUNERAL DIRECTOR	10x12 3	ADDRESS 12

Letter in document file 50-2607 - 3/31/50.

<u>-</u>∂ - ○ ○ ○

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

ppli	(a) Baltimore City, Maryland	(a) State M.D. (b) County	f As .	
su	(b) Street address. 1153 HAVBERT ST.	7 4	-01	
	(c) Hospital or institution:	(c) City or town BPATIMIRE  (If outside city or town limits, write RURAL and give town		
ref.	00	(d) Street No. 1153 HAUBERT ST	-	
cal	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)  (e) Citizen of foreign country?	(V N.)	
pe pi	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country. A. F. L. P. N.D.	( I es of INO)	
should	2 (-) FILL NAME DO MIN .			
sho	3 (a) FULL NAME Mary O Drue	u e e e e e e e e e e e e e e e e e e e		
cle	3 (b) If veteran, name was 3 (c) Social Security Account	MEDICAL CERTIFICATION		
ath	No. NONE	20. DATE OF DEATH March 18, 1950	, at	
information of death cl	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state	d; that lattend-	
inf s of	F W WIDOWED	ed deceased from March 17, 1950, to March	18,19 50.	
em of	6 (b) Name of husband or wife /MARTIN	and that I last saw h. er alive on March 17 19	50	
cal	6 (c) If alive, give age years	Immediate cause of death.	Duration	
, it	7. Birth date of deceased (mo., day, yr.) 1877	Bronchopneumonia	3 days.	
very item	8. AGE: Years   Months   Days   If less than one day	Influenza		
Ever	73  hr. min.	Due to		
K.	9. Birthplace / R.E. L.A.N.D.			
INK.	(Town, county, and state)	Due to		
7 .:	10. Usual Occupation HOUSE WIFE  11. Industry or business	0.1 C 1	•••••••	
DIN		Other Conditions		
UNFADING Physicians:	12. Name VN/(NO WN	(Include pregnancy within 3 months of death)	PHYSICIAN	
N. A.	13. Birthplace	Date of operation.	Underline the	
H	14. Maiden Name UN KNOWN	Major findings of operation:	cause to which death should be	
WITH ortant.	5 15. Birthplace		charged statis-	
Ort		of autopsy: 22. If death was due to external causes, fill in the fol		
	16 (a) Informant MARTIN OBRIGN	(a) Accident, suicide, or homicide	0	
FIA	(b) Address 1/5 3 HAVBERT St.	(b) Date of occurrence at		
LA	(Burial, cremation, or removal) (b) Date thereof 3/22/50 (month) (days (year)	(c) Where did injury occur?		
FE PLA especial	(c) Cemetery or crematory few Cathedral	(City or town) (Count		
WRITE e is est	Location Dalts Md	(d) Did injury occur about home, on farm, industrial place?		
WR is		place?	•	
ASE W	18 (a) Funeral director (hgs. f. hull	(e) Means of indry		
EAS	(b) Address 1507 G. Fort Que	23. Signature Minh J - More	1/6/.	
PLE.	(Date rec'd by registrar) Windows for Williams	Address 516 Cathedral St. Date sign	ed 3/21/50	
0, 5	( Construction of a Construction of the Constr			

(c) City or town BRATIMORE (If outside city or town limits, write RUR	AL and give town)
(d) Street No. 11.5 3 HAUBERT S. (If rural give location	<i>†</i> :
(e) Citizen of foreign country? VES  If yes, name country. IS E L.F.ND.	(Yes or No)
	,/
MEDICAL CERTIFICATION	
20. DATE OF DEATH March 18, 1950	7 a. M
21. I certify that death occurred on the date above stated deceased from March 17, 1950, to March and that I last saw her alive on March 17	ch 18,19 50.
Immediate cause of death Bronchopneumonia	Duration 3 days.
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)  Date of operation	PHYSICIAN
Major findings of operation:	Underline the
wajor andings of operation:	death should be
,	charged statis-
of autopsy:	tically.
22. If death was due to external causes, fill in the	following:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	at
(c) Where did injury occur? (City or town) (Co	unty) (State)
(d) Did injury occur about home, on farm, industria	al place, in public
place?	ork?
(Specify type of place)	

#### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

14600 BALTIMORE CITY HEALTH DEPARTMENT 2609 Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE SALLIE HOOVER UREY 3-19-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION legibly. Baltimore 6 West Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3908 Belle Ave. Length of stay in Baltimore Dave and l AGE (In years | fi Under 1 Year | fi Under 24 Hours last birthday) | Months; Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) May 15, 1900 49
11. BIRTHPLACE (State or foreign country) clearly 10A. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Housewife Md . at home ormati 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas L. Hoover Ada L. Crouse 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL of 17 INFORMANT ADDRESS SECURITY NO 3908 Belle Ave. no Mr. Harry B. Urey 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (1) Sub-onachnoid harmonhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypotherius candinancular distans DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED A

20. AUTOPSY? (If in Baltimore City, give exact location) OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 3-13 , 19 50 to 3 - 19 , 1950, that I last saw the

deceased alive on 3 - 19 1950, and that death occurred at 11:05 A.m., from the causes and on the date stated above. 238 ADDRESS 23A, SIGNATURE

23c. DATE SIGNED

3/19/50 West Bailo, 2 Ru. Holo Fathanns V. M. D.

248. DATE 24C, NAME OF CEMETERY OF CREMATORY 24b LOCATION (Cit), town, or county) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

3/22/50 Black Rock Cem. Burial Butler, Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

Ŧ

VS 150

REGISTRAR'S SIGNATURE LOCAL REGISTRAR hunter on / the west Mills VM. J. TICKNER& SONS Balto., Md.

2609

before admission)

township)

K Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

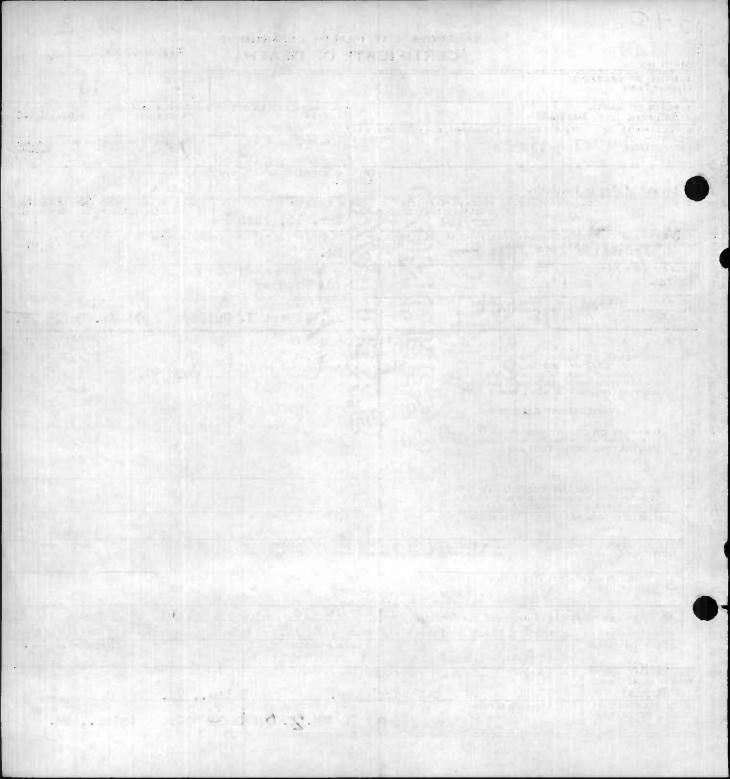
12. CITIZEN OF

# SUPPLIES OF SUPERIOR OF SUPERIOR SUPERI

				- 10 10 10
				Description of the second
6				
	700 保好题		10, JEV	

3	340					50 2610
BI	2610 RTH NO.		CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D	ECEASED MAR	Y EVELYN RUTLE	7	oF 3	-20-50
	Baltimore C	EATH: lity, Maryland		4. USUAL RESIDENCE (W		f institution; residence before admission
HC	FULL NAME OSPITAL OR ISTITUTION	West Balto	al or institution, give street address or location)	1	outside/corporate limi	ts, write NURAL and g
	4-10		Yrs.	D. STREET ADDRESS (If I	rural, give location)	0
-		ay in Baltimore	Mos. Days	602 W	1 Holly of	
	SEX (-	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. Date of Birth Mar. 15, 1925	9. AGE (In years last birthday) M	If Under T Year on this Days Hours Mi
10 vork	A. USUAL OC done during most o house	CUPATION (Give kind of f working life, even if retired) WIIE	at home	11. BIRTHPLACE (State or fo.	reign country)	12. CITIZEN OF WHAT COUNTE
13	FATHER'S	AME Kaminski		14. MOTHER'S MAIDEN NA Ida Fiedler	ME	
15 (Yes	. WAS DECEASE , no or naknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Robert R. Ru		Mt. Holly St
13. FATHER'S NAME    Ida Fiedler   Ida Fiedler					afrox 2 who chronic who	
CERTIF	TRIBUTING	II IGNIFICANT COND: TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED			
CAL			98. MAJOR FINDINGS OF OPER	ATION		YES NO
MEDIC	21a. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., in ebout home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
TEST TO USE TO USE THE CONTROL OF INJURY (e.g., in or DATE OF INJURY OCCUR?)  21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e.g., in or DATE OF INJURY OCCUR?)  21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?						
å	deceased al	ive on 3-20	, 1950, and that death occur	-16 '50, 19, to red at 113°Pm., from th	<b>3-19</b> , 195 re causes and on t	Sthat I last saw t he date stated abo
	23A, SIGNAT	Ju	ight Stean M.D.	W B A		23c. DATE SIGNE
	A. BURIAL CON REMOVAL (S Burial		Cathedral C	em. Balto	OCATION (City, town	, or county) (State
	MAR 2		S SIGNATURE	25. FUNERAL DIRECTOR	)	ADDRESS 1to., Md.

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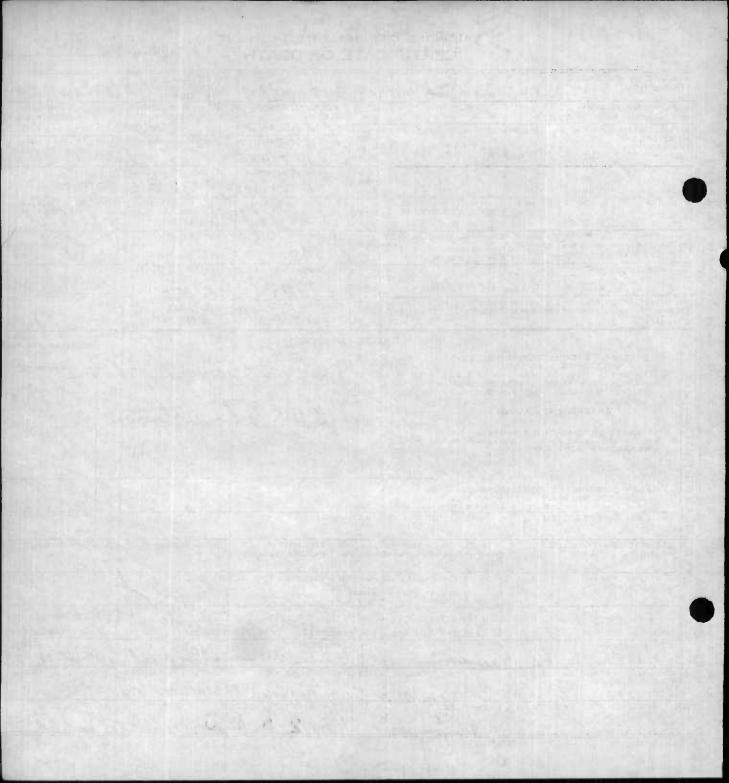


correct age is esp. "by important." Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2611

В	IRTH NO.			OLKIII IOA	U. OI DEATH		
	NAME OF D Type or Print)		ROUGH	, WILLIAM	FITZ HUGH	2. DATE OF DEATH	3/19/50
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDEN	ICE (Where deceased lived B. COUNTY	
В.	FULL NAME OSPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address location	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BALT	•
	ICTITION!	) NION MOMI	DRIAL F	A	C. CITT OR TOWN		mits, write RURAL and give township)
4		7,0.010		Vrs	O. STREET ADDRES	S (If rural, give location)	101
D		tay in Baltimore	16	YRS Mos Day	PRESTON AF	73; 2186	. PRESTON ST.
9	SEX	6. COLOR OR RACE		E, MARRIED, PED, DIVORCED (Special	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
	CONTR	ACTOR	ReTir		MD.		USA COUNTRY?
13	FATHER'S				14. MOTHER'S MAIL		
-	11111		Spore	UFH	MARY	GALT.	
(Ye	m, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	140	_			DA UGHTER.	CAPPOLL 39	as revous helled.
	18. 3	5 / X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION	TH	201.6	Lie Carlon	0	1 d Union
	heart failu	re, asthenia, etc. It mes complication which	ans the diseas	e,	water Coverno	-Nasemer enc	4 hrs
		ANTECEDENT CAU	SES	41	1.110.	1 +	
Z				(B) (A)	elyel /1-5, o	wywersu	M.
CATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L	STATING TH				
	ONDERL	TING CONDITION E	Abl.				
브		11		(c)			
ERT		IGNIFICANT COND					
Ü	TO THE C	SEASE OR CONDITION	A CAUSING 1		PATION		20. AUTOPSY7
AL	ISA. BAIL C	O' EKATION O	SB. MAJOR	TINDINGS OF OF	INATION		YES NO
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g. arm, factory, atreet, office bld			y, give exact location)
ME							
	OF INJURY	(Month) (Day) (Year		VHILE AT HOT WHILE WORK AT WORK	E	NJURY OCCUR?	
)	22. I hereb	y certify that I at			1/19 1950,	to 3/19 .15	50 that I last saw the
	deceased at	- 1.0		and that death occ	urred at 1 p.m., f	rom the causes and or	the date stated above.
	23A. SIGNA	URE	0		238. ADDRESS Men	4.2.	23c. DATE SIGNED
2	4A. BURIAL,	a.	Kans	M. O.			Whereh 19, 1950 wn, or equity) (State)
Tit	REMOVAL (S	pecify)	1/5	W	a_ /	Wilming or	win, or eduncy) (iscate)
-	ATE RECEIVE	101111111	S/SIGNATU	Wilming/m L	25, FUNERAL PIREC	7,	ADDRESS
	AR 2 1 19	BAR MALIE	Acres 1816	E O O	Harry H. Jones	Briss Ino 10 4	19NVirb Rd
	VS 150		0	- Carlotte	11/		1 / 100
							83a



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death

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2612

Registered No. 1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If inditution; residence A. Baltimore City, Maryland A. STATE S. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Daltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Wendover Days 9. AGE (In years Mi Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DJVORCED (Specify) 8. DATE OF BIRTH Sina/e 10A. USUAL DCCUPATION (Give kind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work flore during most of working life, even if retired) INDUSTRY brukaker 14. MOTHER'S MAIDEN NAME Lyon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from Ing. 1950 to man 20, 1950 that I last saw the deceased alive on 1950, and that death occurred a 15 m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED ZAA. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, of county) 24C, NAME OF CEMETERY OR CREMATORY Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

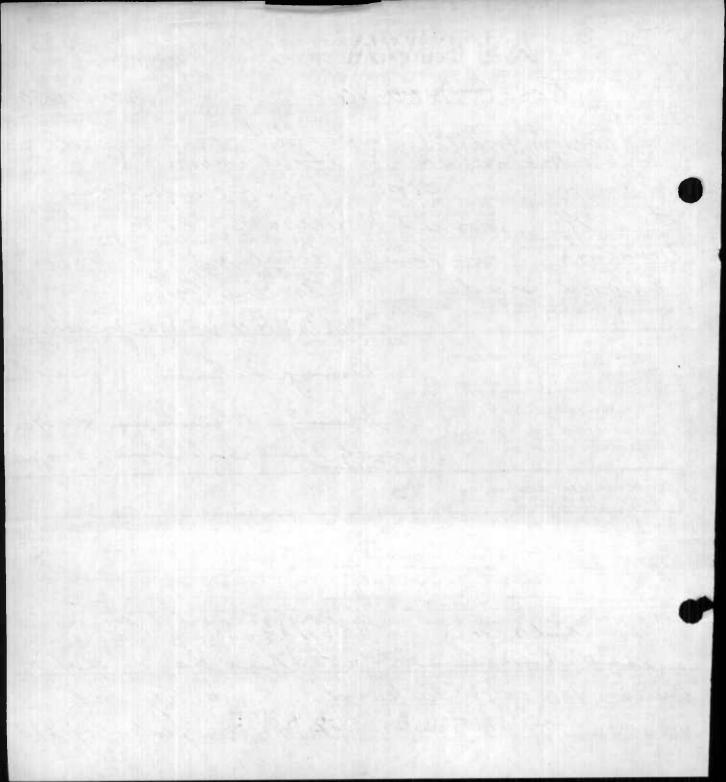
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## BALTIMORE CITY HEALTH DEPARTMENT

2613

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR DOCTORS Hyspital location) (If outside corporate limits, write RARAL and give C. CITY OR TOWN township) more Yrs. ADDRESS (If rural, give location) 50475. Days Mos. orsuch ans Length of stay in Baltimore 9. AGE (In years | If Under | Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DINORCED (Specify) 6. COLOR OR RACE 8 Lyrs married clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done furing most of working life, eyen if retired) INDUSTRY WHAT COUNTRY tousewife death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 1325 Jorsuch au INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from leger 31, 1948 to heard 19, 1950, that I last saw the deceased alive on Korel 19, 1950, and that death occurred at // A.M., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3/20/50 .M. D." 24A. BURIAL. CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) jurial 50 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

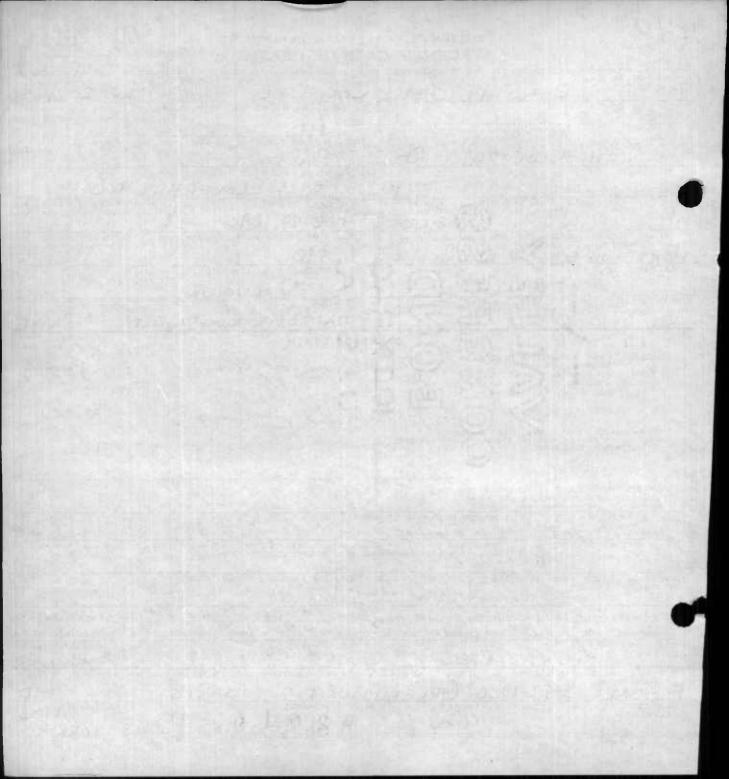
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curses or neath clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF DECEAS	ED				2. DATE	
	ype or Print)		VUTC	BEAU C	OGSWELL		R. 20,1950
3	PLACE OF DEATH:	2011	0111	DEALL	4. USUAL RESIDE	NCE (Where deceased lived, I	
	Baltimore City, I				A. STATE	B. COUNTY	before admission)
		(If not in hospit	al or institut	ion, give street address or location)	MD.	126	54 - 654 DAY 3
11	OSPITAL OR ISTITUTION 391	A C	-0.1	^	c. CITY OR TOWN	(If outside corporate im	its, wrate RURAL and give township)
0	3110	4 Croc	ERHI		DALTO		
				Yrs.	D. STREET ADDRE	SS (If rural, give location)	0
	Length of stay in			35 VRS Mos.	2414	LLOVERHILL	KO.
	SEX 6.COI	LOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday) N	If Under I Year   K Under 24 Hours Ionths: Days   Hours   Min.
	-	W		RRIED	FEB. 29, 18	96 54	
10	A. USUAL OCCUPAT	TION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
MOI	HOUSEWIF			N HOME	MO		WHAT COUNTRY?
13	FATHER'S NAME		00	NA FIORIE	14. MOTHER'S MAI	DEN NAME	1 0.3.
		REA	11		1 1		
10	. WAS DECEASED EVER	DE4		1.16. 606141		NOWN	
(Ye	e, no or unknown) (1f ye	es, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No				LATROBE	COGSWELL	BMAC
	18. 163 X			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION	DIRECTLY			V	ONSET AND DEATH
	(This does not m	ING TO DEA	TH dving a	Care	curve of	Laug.	of unelle
	heart failure, asth	enia, etc. It mea	ns the diseas	se,			
	injury or compli	ication which	caused death	i.) DUE TO	1		. 1
	ANTE	CEDENT CAUS	SES	1/crie	uno Che	cum.	10 days
TION	DISEASES OR C	CONDITIONS	F ANY GIVE	(B)	The state of the s		
Ě	RISE TO THE ABO	OVE CAUSE (A)	STATING TH	HE DUE TO			
OA	UNDERLYING (	CONDITION LA	AST.				
RTIFIC		11		(C)			
HZ.	OTHER SIGNIF		ITIONS COL	N =			
CEI	TRIBUTING TO THE	HE DEATH, BUT	NOT RELATE	ŁD .			
	19A, DATE OF OPE	<del></del>		FINDINGS OF OPER	ATION		20. AUTOFSY?
AL	June 13th 1	1949	Care	moura of Jun	en (the up	In len)	YES NO
0	ZIA. ACCIDENT, SI			ACE OF INJURY (e. g., is			give exact location)
EDI	HOMICIDE (Spe	eify) a	about home,	farm, factory, street, office bldg., e	to.) INJURY OCCUP	R?	
Σ	21D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY			WHILE AT HOT WHILE			
			m.	WORK AT WORK			
R.	2. I hereby cert			aeceasea ji viii	1949	to March 200, 195	, that I last saw the
	deceased alive on	Blanch 19	7, 1950	and that death occur	red at 4 a. m.,	from the causes and on	the date stated above.
	23A. SIGNATURE	1/1	//	22	3B. ADDRESS	ede st	23c. DATE SIGNED
	7.	4.60	Mari	ud M.D.		ede ife	Mench 21/50
2 T1	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
	BURIAL	3-22-	1950	GREENIMO	TUU	BALTO.	MD.
	ATE RECEIVED BY	REGISTRAR		JRE	25. FUNERAL DIRE		ADDRESSNA
L.	OCAL REGISTRAR	missing	JUNIA 1/16	and C	H 21 51=1	PIRIS & Source	11.54.05
-	AR 2 1 1950	6	4 4		11.20. OFK	מטנץ בטואני	JOKK KD
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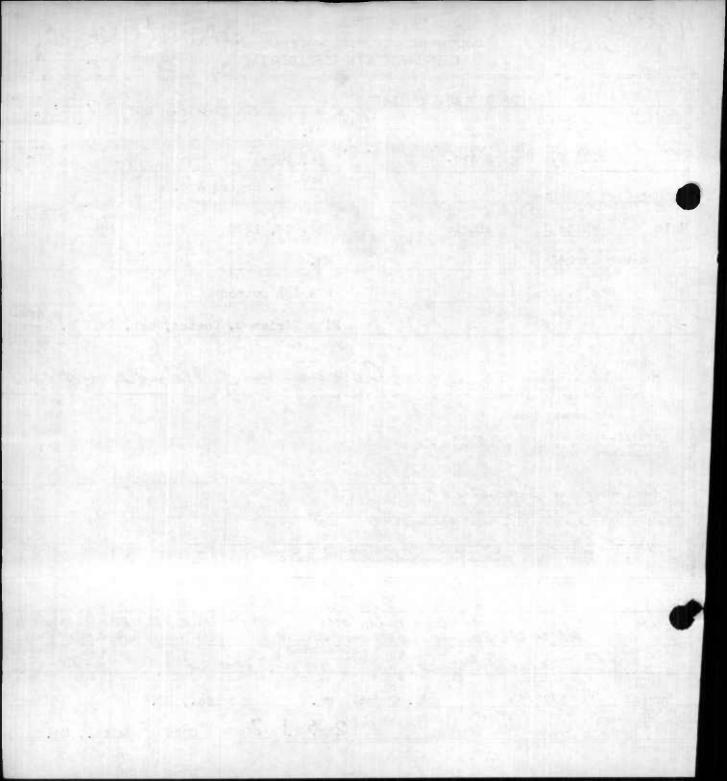


## BALTIMORE CITY HEALTH DEPARTMENT

50 2615

Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECFASED 2. DATE (Type or Print) FRANCIS ASBURY BLADES Mar. 20, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. (If not in hospital or institution, give street address or for the Aged of the Methich c. CITY OR TOWN W. Rogers Ave. HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location)
2211 W. Rogers Ave. Yrs. Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male single Dec. 26, 1870 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never worked Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas W. Blades Sue Ann Dutton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Miriam O. Coates, Supt. 2211 W. Rogers INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Carcinoma & Bladder & Months LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO C YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 2. I hereby certify that I attended the deceased from October 1, 1949, to MARCH 20, 1950, that I last saw the deceased alive on MARCA 30, 1950, and that death occurred at 7.20 P.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Mt. Carmel Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

Balto. Md.



## BALTIMORE CITY HEALTH DEPARTMENT

50 2616 BIRTH NO.	CERTIFICAT	E OF DEATH Registe	ered No. 3698
1. NAME OF DECEASED (Type or Print)	SALLIE JETER	2. DATE OF M	ARCH 18, 1950
HOSPITAL OR	d hospital or institution, give street address o location NCHESTER STREET	4. USUAL RESIDENCE (Where deceased line a. STATE B. COUN MARYLAND	
Length of stay in Baltim	ore 35 yrs Mos. Days	D. STREET ADDRESS (If rural, give location 1201 WINCHESTER STR	
FEMALE NEGRO	RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOWED)	8. DATE OF BIRTH 9. AGE (In ye last birthda	ars if Under 1 Year it Under 24 Hours Min
10A. USUAL OCCUPATION (Giv. work dope during most of working life, eveo if HOUSEWIFE	kind of Pusiness OR retired) 10B. KIND OF BUSINESS OR INDUSTRY	CULPEPER, VIRGINIA	12. CITIZEN OF WHAT COUNTRY
GEORGE H. FITZ	HUGH	14. MOTHER'S MAIDEN NAME ADELINE CARTER	
15. WAS DECEASED EVER IN U.S. (Yes, no or uokoowo) (If yes, give war	ARMED FORCES? or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT GEO.BAILEY-1201 WINC	ADDRESS HESTER STREET
DISEASE OR CONDITIONS TO THE ABOVE CAUSE UNDERLYING CONDITIONS TO THE ABOVE CAUSE UNDERLYING CONDITIONS TO THE SIGNIFICANT OF THE ABOVE CAUSE UNDERLYING CONDITIONS TO THE ABOVE CAUSE UNDERLYING CA	TION DIRECTLY DEATH mode of dying, e. g., It means the disease, hich caused death.)  CAUSES  ONS, IF ANY, GIVING E (A) STATING THE DUE TO  (C)	OF DEATH  Nyocanditis  Do Silvoni + hyperten	
TRIBUTING TO THE DEATH TO THE DISEASE OR CON 19A. DATE OF OPERATION	BUT NOT RELATED		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., aboot home, farm, factory, street, office bldg.		YES NO City, give exact location)
2. I hereby certify that deceased alive on 3 23A. SIGNATURE	m. WHILE AT NOT WHILE AT WORK  I attended the deceased from 2  18-, 1950, and that death occu	erred at 2 Pm., from the causes and 23B. ADDRESS	on the date stated above 23c. DATE SIGNED
BURIAL 3/2	2/50 RAR'S SIGNATURE		IRGINIA ADDRESS MORTUARY
MAR 2 1 1950	Total Mississipping	1 60	AVENUE

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The first transfer of the second	The Report of the Control of the Con

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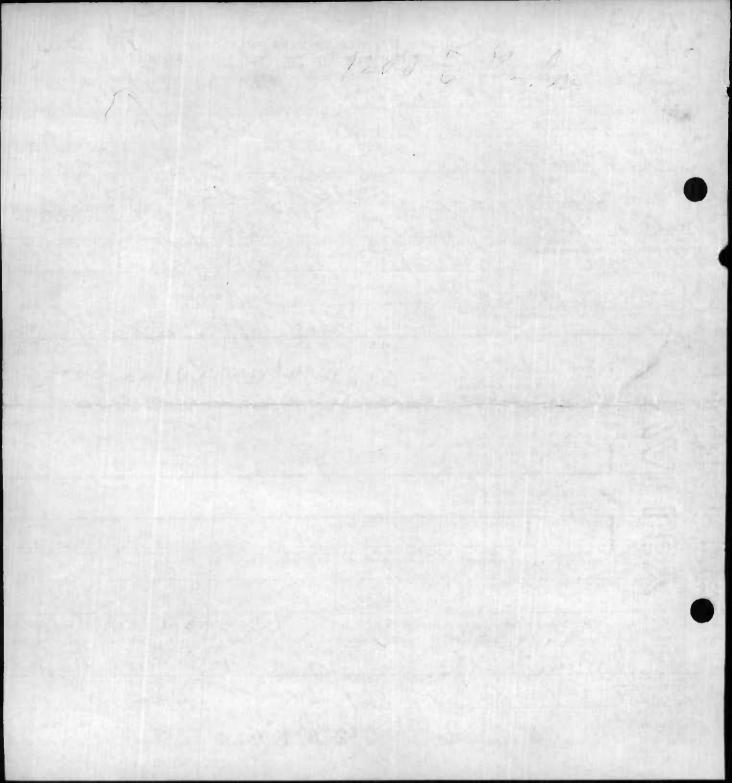
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2617 Registered No.

BIRTH NO.	CERTIFICATE OF DEA	
1. NAME OF DECEASED John	a. Griffith	2. DATE 3/21/10 OF DEATH
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RES	IDENCE (Where deceased lived. It institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	r institution, give street address or location) c. CITY OR TO	
2608 Tuilfor	d ave	Balto 12 - 03 township)
Length of stay in Baltimore	Yrs. Mos. Days 2608	RESS (If rural, give location)  Link Gord ave
	SINGLE, MARRIED, WIDOWSD, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	E (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
(Unknown) Grix	Whith 14. MOTHER'S	MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	16. SOCIAL SECURITY NO. John 4.	Brilfith 2608 Gin Sond Go
18. 002 X	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ying, e.g., (A) U DWW	in is tulma 20%
ANTECEDENT CAUSES	ed deadh.) Doe 10	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	NY, GIVING ATING THE OUE TO	
OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED	
	MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., in or out home, farm, factory, street, office bldg., etc.)	E DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Ho OF INJURY	Dur) 21E. INJURY OCCURRED 21F. HOW D	DID INJURY OCCUR?
22. I hereby certify that I attend		50, to MA 4 21, 1950 that I last saw th
	9 5 Cand that death occurred at 1.00	m., from the causes and on the date stated above
23A. SIGNATURE	M. D. 23B. ADDRESS	E Brinden 312/152
24A. BURIAL CREMA- 24B. DATE THON REMOVAL (Specify)	24C. NAME OF CEMETERY OR CREMATOR	RY 240. LOCATION (City, town, or county) (State)
13urial 1/23/6	O Proshect Hell	low ou

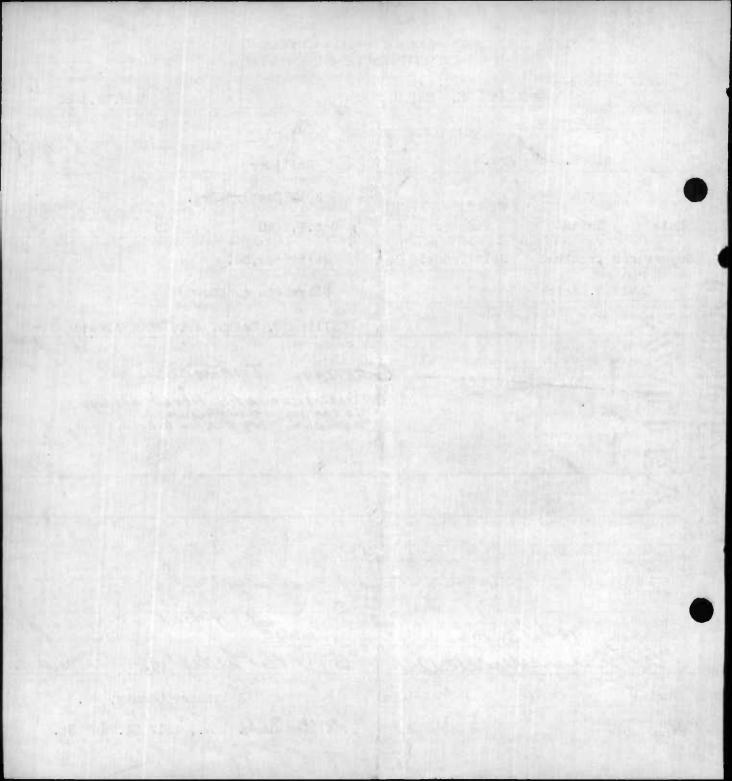


Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		C	ERTIFICAT	E OF DEATH	- Register	ed No.
I. NAME OF I (Type or Print)		LIAM M.	SMITH		2. DATE OF DEATH	Mar.19,1950
3. PLACE OF I					NCE (Where deceased live	ed. It institution : residence
	City, Maryland OF (If not in hospit	al or institution	give street address o	A. STATE Maryland	B. COUNT	Y before admission
HOSPITAL OR	(12 not in noopie	01 1/10/10/10/10/10	location		(If outside corporate	limits, write RURAL and giv
INSTITUTION	219 E. Lake	Ave.		Baltimor		O 2 township
			Yrs.		SS (If rural, give locatio	n)
Length of	stay in Baltimore		Mos.			
5. SEX	6. COLOR OR RACE	7. SINGLE, I	Days MARRIED	8 DATE OF BIRTH		rs   If Under 1 Year   If Under 24 Hours
Male	White	Widowe	D, DIVORCED (Specify	Oct.4,1880	last birthday 69	) Months Days Hours Min
	CCUPATION (Give kied of of working life, even if retired)	IOB. KIND O	F BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	n , retired	Balt Tra	ansit Co	Baltimore,	.Md .	WILLIAM
13. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
Davi	d M. Smith			Elizabeth	(Unknown)	
15. WAS DECEAS	ED EVER IN U, S. ARMED	FORCES?   1	6. SOCIAL	17. INFORMANT		ADDRESS
tes, oo or uoknown	(If yes, give war or date	or service)	SECURITY NO.		Smith Jr. 400	22 Alameda Blvd
18. 4 x	- 0		04116=	OF DEATH	min 010, 402	INTERVAL BETWEEN
RISE TO UNDERL	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT	STATING THE ST.	(C)			
U TO THE D	DISEASE OR CONDITION	CAUSING IT.				
19A. DATE	OF OPERATION 1	98. MAJOR F	INDINGS OF OPE	RATION		20. AUTOPSY?
5		L ala Di Acc	OF INTURY /-	Late MUEDE D	ID (If in Dalkinson C	YES NO
	DENT WAS UNDER- PR CONTRIBUTING DEATH	about home, farm	E OF INJURY (e. g., a, factory, street, office bldg.	in or 21c. WHERE DI ,etc.) INJURY OCCUP		ity, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	WHI	LE AT NOT WHILE		INJURY OCCUR?	
22 7 1					2. 19 Han. 6	
1. neres	by certify that I att	ended the de	ceasea from	· lavila P	, 10	1957, that I last saw th
23A. SIGN	uive on minne	19 <b>00</b> . an	d that death occu	rred at 10. To m.,	from the causes and	on the date stated above
11/19	unea	4/11	20001	5 / L	thedia of	2 23c. DATE SIGNED
24A. BURIAL.		7000	C. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City,	town, or county) (State)
24A. BURIAL. TION REMOVAL Burial	Specify)		Oak Lawn			
DATE RECEIVE		e elchatur		LOS SUNSOAL DID	Baltimore Cou	
加於22195	PRAR L.	SIGNATURE	Rud 12	Walliam 200	, Inc., 1217	St.Paul St.
MARVS DEGO	50	0 -	10	116		0.05
MMIN Z Z [3	30		136	47		939



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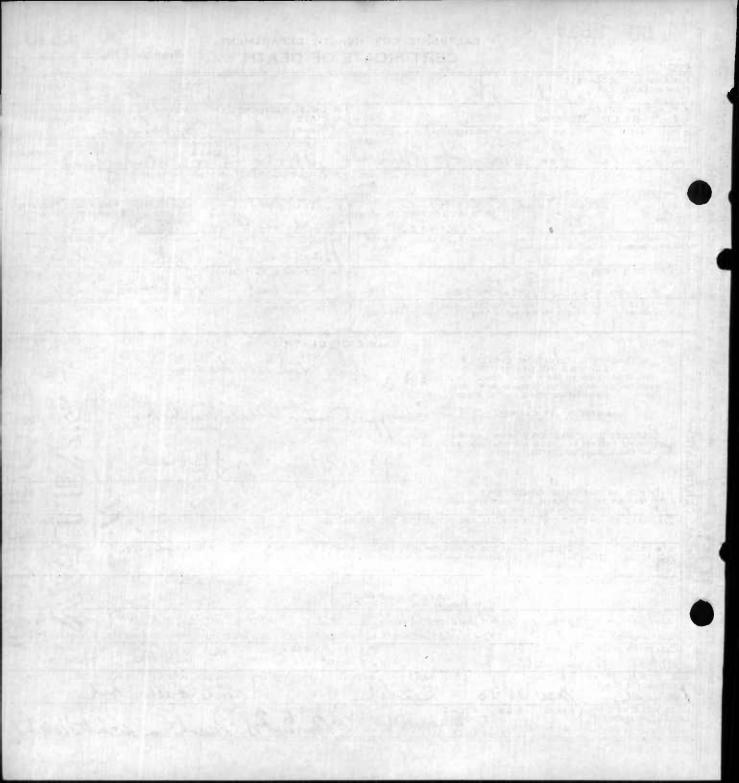
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## BALTIMORE CITY HEALTH DEPARTMENT

50 2619

В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF DECEASED (ype or Print) Mand W	ileu		2. DATE OF DEATH	22-50
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived, I	before admission
H	FULL NAME OF (If not in hospital or instinction)  HOSPITAL  FOR Women	tution, give street address or location)		اسمر الم	ts, write RURAL and giv
I	1	Yrs. Mos.	D. STREET ADDRESS (If ru	tral, give location)	Trans
-		Days GLE, MARRIED. DWED, DIVORCED (Specify)		9. AGE (In years	If Under 1 Year   If Under 24 Hours onths: Days   Hours: Min
10	7 7	nairiel	Sept. 26, 1871	78	
WOF	k done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		md.	WHAT COUNTRY
13	Thomas Nelso	~	14. MOTHER'S MAIDEN NAM	Ashton	
I t	5. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
CERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death of the complex of the caused death of the complex of the caused death of the cause of the ca	e. g., (A) get ease, ath.) DUE TO  VING THE DUE TO  (C)	of DEATH  10. Interlegial Her  tensine Carlie-Va  Malignaney 9!		25 yrs.
EDICAL	21A. ACCIDENT. SUICIDE. 21B. I HOMICIDE (Specify) about ho	PLACE OF INJURY (e. g., ine, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City,	give exact location)
Σ	2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		occur?	
7	22. I hereby certify that I attended t	he deceased from 3			that I last saw th
	deceased alive on 3-22, 1950		Hose for Women of Md.	B.H. md.	23G. DATE SIGNED
A FI	AL. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)  There 23 - To	Bethel	ERY OR CREMATORY 240. LOCAL	Hall	or county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNA	Haliane (1)	Howard & Me	achline de	ADDRESS Shall Half had



## BALTIMORE CITY HEALTH DEPARTMENT

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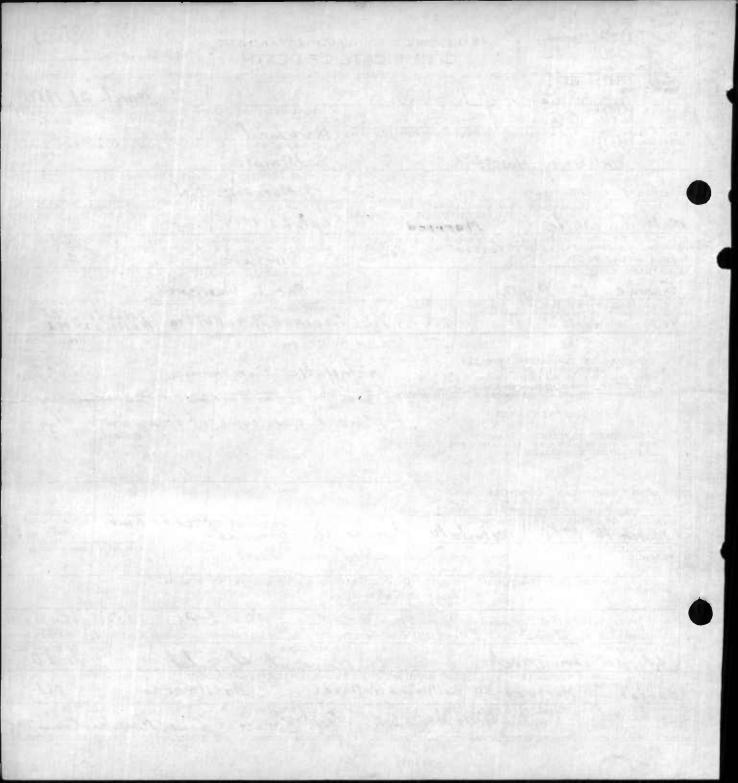
BI	RTH NO.			CERTIFICAT	E OF DEATH		gastered are		
	NAME OF D ype or Print)	Edward Edward	/ H. R	utin		2. DAT OF DEAT	E March	2/ 1950	
	PLACE OF D Baltimore (				4. USUAL RESIDE	NCE (Where deces			
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside co	porate limits,	write RURAL and give	
3		niversity Ho	spital		Baltimor			township)	
1	Length of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRE		location)		
-	SEX M. la	6. COLOR OR RACE	WIDOW	MARRIED.	8. DATE OF BIRTH	9. AGE		nder I Year   II Under 24 Hours ths: Days   Hours   Min.	
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	of BUSINESS OR	11. BIRTHPLACE (S	tate or foreign cour	ntry)   1	2. CITIZEN OF	
C	Ivil Eng		Faisan	T - Kooken Co.	Prince ge			WHAT COUNTRY	
13	FATHER'S	NAME		Account to a second	14. MOTHER'S MAI				
15	Ocorge . WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Sarah 17. INFORMANT	Harrison			
(Ye	yes	World War 1	of service)	224-01-2240	Corinna R.	W. Ruffin		Jock Rd 12-Md	
	18. DISEAS	3 X I	DIRECTLY		OF DEATH			ONSET AND DEATH	
	heart failu	LEADING TO DEATH  (This does not mean the mode of dying, e.g., lnjury or complication which caused death.)  Due to							
7		ANTECEDENT CAUSES Mucoid carcinoma of transverse (s)?							
ATION	RISE TO T	S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	(B)			Colon		
FIC				( 15.3					
ERTII		II  SIGNIFICANT COND  TO THE DEATH, BUT							
Ü	TO THE D	ISEASE OR CONDITION	CAUSING I		RATION Zeni	aus anom de	in 3 mo.	20. AUTOPSY?	
SAL	March	18 1950	Metash	atic Carcino	ma Previ			YES NO	
1EDICA	HOMICIDE	ENT. SUICIDE. (Specify)	218. PLA about home, f	ACE OF INJURY (e. g., arm, factory, street, office bldg.,	21c. WHERE DI etc.) INJURY OCCUP		more City, giv	ve exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 3-15, 1950 to 3-21, 1950 that I last saw									
						that I last saw the			
			, 19 50	and that death occu	rred at 12 Am.,	from the cause	s and on the	date stated above	
	H. As	Thesion Ma	ck.	м. D.	Suversite	Luxital		3-21-50	
Zi Ti	Burial (S	CREMA- 248 DATE		24c. NAME OF CEMETE Baltimore Noti		Ballimon		r county) (State)	
DA	ATE RECEIVE		SSIGNATION	Marie, MAR A	25 FUNERAL DIRE	ECTOR V done	Rusi	Estour Md	

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correct age is espirity important. Physicians: please write the causes of death clearly and beibly.

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### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 262: Registered No.....

Date signed 13102

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address 9/7 L Baylis As	(a) State (b) County
(c) Hospital or institution:	(c) City or town Dallins
DO TO THE PROPERTY OF THE PROP	(If outside city or town limits, write RURAL and give town)
	(d) Street No. 717 S. Kaulis X
(d) Length of stay in hospital or inst, (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days).	If yes, name country
3 (a) FULL NAME Seth Colema	en men de la vient
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH MANCH / 1950, at 7300 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
m Cole divorced married	ed deceased from Nov. 26 19 47, to March 18 19 50
6 (b) Name of husband or wife there is a superfixed	and that I last saw h im alive on March 18, 19 50
6 (c) If alive, give age years	Immediate cause of death
7. Birth date of deceased (mo., day, yr. 3/17/72	Chronic mitral regurgitation ?
8. AGE: Years   Months   Days   If less than one day	
78 hr. min.	Due to Chronic bronchitis ?
9. Birthplace	
(Town, Sunty, and state)	Due to Chronic Nephritis ?
10. Usual Occupation	
11. Industry or business	Other Conditions Senile gangrene, right
2 12. Name Willis Weman	(Include pregnancy within 3 months of death) PHYSICIAN
13. Birthplace	Date of operation February 22, 1950 Underline the
Elm Martha ?	Major findings of operation: Letteral side of cause to which
14. Maiden Name / Mullion	rt. foot removed and left open. death should be charged statis-
15. Birthplace	of autopsy: tically.
16 (a) Informant Commerciae Columna	22. If death was due to external causes, fill in the following:
(b) Address 917 St Bayles St	(a) Accident, suicide, or homicide
17 (a) Date thereof 3/22/5	(b) Date of occurrence M
(Burial, cremation, or removal) (ninth) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(a) Did injury occur about home, on farm, industrial place, in public
Location	place? B. Bronushay,hM.aDwork? (Spechy type of place)
18 (a) Funeral director de de de la constant de la	(c) Means of injur Medical Officer, U.S.P.H.S.
(b) Address LS / S Me Clary &	73. Signature J. B. Bromush as M.D.
19MAK L Linkington Williams (1)	3037 O'Donnell St. 3\\2\frac{1}{2}\frac{1}{5}0
(Date rec'd by registrar)	Address Date signed

MARGIN RESERVED FOR BINDING

INLY, WITH

PLEASE WRITE

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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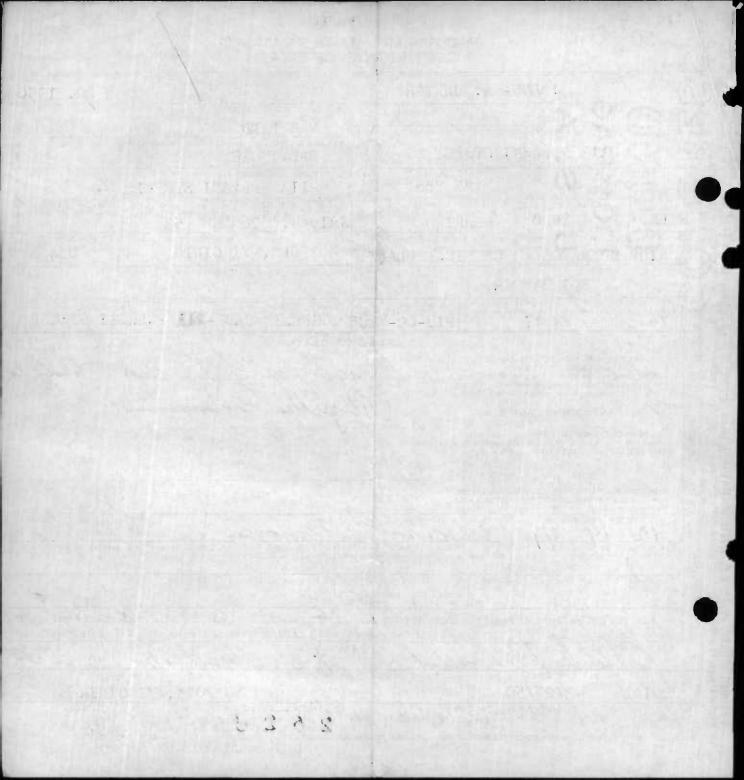
PLEASE WRITE PLAINLY, TH UNFADING INK. Every item of informations should correct age is especify important. Physicians: please write the causes of death clearly and

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ED DOGUE

	JU	COCC
Registered	No	9775

B	IRTH NO.							
	NAME OF D	JOSHU	JA A. BA	XTER		2. DATE OF MAR	CH 20, 1950	
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location)  INSTITUTION 2113 PULASKI STREET				location		B. COUNTY	If institution: residence before admission) aits, write EURAL and give township	
c	. Length of s	tay in Baltimore	25	Yrs. Yrs Mos. Days	D. STREET ADDRESS 2113 PULA		- N.	
11	. sex MALE	6. COLOR OR RACE NEGRO	7. SINGLE, M. WIDOWED, MARRII	ARRIED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.	
M.	ACHINE	CCUPATION (Give kind of of working life, even if retired) OPERATOR	CHEMICA	BUSINESS OR INDUSTRAL PLANT	NORFOLK, VI		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME ELI BAXTER					14. MOTHER'S MAIDEN NAME			
(X	5. WAS DECEAS m, no or unknown) Yes	ED EVER IN U.S. ARMET	FORCES? 16 of service) 2.	SECURITY NO.	17. INFORMANT 5 CORNELIA CA	DE-2113 PULA	ADDRESS SKI STREET	
IFICATION	heart failingury or	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ins the disease, caused death.)  SES  F ANY. GIVING STATING THE	(A) DUE TO  (B)  DUE TO	OF DEATH Depulsery a	Panner	INTERVAL BETWEEN ONSET AND DEATH	
CERTI	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
EDICAL	21a. ACCID HOMICIDE	14-49	2 IB. PLACE about home, farm, f	OF INJURA (e. g., factory, street, office bldg	in(or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	20. AUTOPSY? YES NO , give exact location)	
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. m. WHILI					
	22. I herel deceased a 23A. SYSNA	11/1/1		that death occi			that I last saw the the date stated above	
2 TI	4A. BURIAL.	CREMA: 248. DATE Specify) 3/25/5				ORFOLK, VIR	vn, or county) (State)	
	ATE RECEIVE		SIGNATURE	Glians, M.	THE CHAM		ORTUARY	
	VS 150		9	4961	7	MADISON AV	410 %	



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

HOWARd

50 2623 Registered No.

1 5	IRTH NO.					
	NAME OF DECEASED Type or Print)	l	2. DATE OF DEATH MAA	d 19195		
A	PLACE OF DEATH: Baltimore City, Maryland 2  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W		stitution: residence before admission)		
H	OSPITAL OR NSTITUTION  10HAS HOPKINS HOSPITE		outside corporate limits,	wite RUWAL and give township)		
1	Yrs.	D. STREET ADDRESS (If a	ural, give location)			
0	Length of stay in Baltimore Mos.	7122 21	Houses	D 1		
	. SEX   6 COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH		der 1 Year   It Under 24 Hours		
	Well Colored WIDOWED DIVORCED (Specify)	0 26-83		hs Days Hours Min.		
WO	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  FURNACE MAN  STEEL PLANT	RAINBOW, VIR		2. CITIZEN OF WHAT COUNTRY?		
1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA				
	JOHN HOWARD	CATHERINE WEBSTER				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADD	RESS		
II (x	es, no or nnknown) (If yes, give war or dates of service) SECURITY NO.		KU21227N. H			
-	18. 447 X . CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEATH		
	I FARME TO THE TO	to sino contin	va ( .	No. Committee		
		Hewive cardio	YUZCUIAP	***************************************		
	injury or complication which caused death.) DUE TO	enal disease.				
	ANTECEDENT CAUSES					
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UPON CAUSE					
Y	UNDERLYING CONDITION LAST.					
RTIFIC	(C)					
E	OTHER SIGNIFICANT CONDITIONS CON-					
O O	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•				
11 -	194 DATE OF OPERATION   198 MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
A				YES NO		
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give of labout home, farm, factory, street, office bldg., etc.)					
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY WHILE AT NOT WHILE					
	m.   work		2 10			
1	22. I hereby certify that I attended the deceased from		3-19-, 19-,			
1	deceased alive on 2 19 , 19 , and that death occur					
		23B. ADDRESS	KASPEET	311015		
-			CATION (City town or	71111		
1 7	ION REMOVAL (Specify)	ERY OR CREMATORY 24D. LC				
1-	BURIAL 3/22/50 ARBUTUS MEM		BUTUS, MARYI			
	OCAL BEGISTER	THE CHARLES	R. LAW MOR	PPRSEV		
	MARE 27 950 mite grow / Maries, Mix					
	VS 150	802-04 MA	DISON AVEN	104		
11	44429	BALTI	MORE 1, MD.	1312		

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## BALTIMORE CITY HEALTH DEPARTMENT

50 - 2624

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ARTHUR JAMES CARTER MARCH 19, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1403 MYRTLE AVENUE BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. AVENUE c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under i Year last birthday) Months Days Hours: Min. WIDOWED, DIVORCED (Specify) 9/15/1890 NEGRO MARRIED 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF LONGSHOREMAN LANCASTER, VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY HILL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) CATHERINE E.CARTER-1403 MYRTLE AVE No INTERVAL BETWEEN 18. 3 3 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION 214. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from . ] 195-to 9-19 \_, 196 Ahat I last saw the -19 19 5 and that death occurred at\_ Im., from the causes and on the date stated above. deceased alive on 238. ADDRESS 23A. STONATURE 23c. DATE SIGNED

24A BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE

MOUNT AUBURN

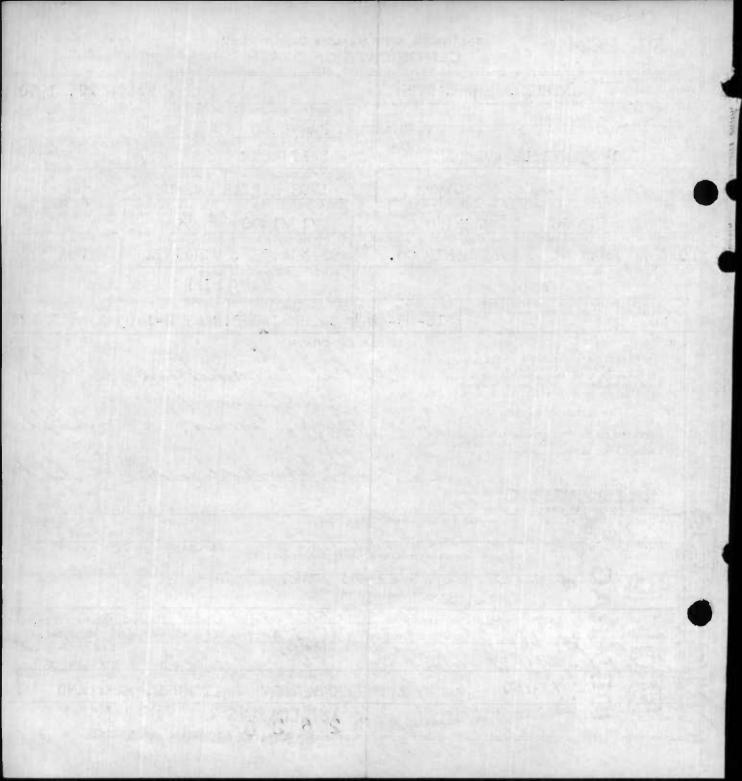
BALTIMORE, MARYLAND

240. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR MAR 9 21050 RECISTRAR'S SIGNATURE

BALTIMORE 1, MD.

3/23/50



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospita for institution, give street address or location) outside corporate limits, write RURAL and give C. CITY OR TOV INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore Days and should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | | Under | Year | | Under 24 Hours | last birthday | Months | Days | Hours | Min. 8 DATE OF BIRTH WIDOWED, DIVORGED (Specify) 10 A. USHAL OCCUPATION (Give kind of work done during most of working blife, eyend retired) BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? ELEC. TOOLS 0 13. FATHER'S NAME death 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) Jo 16. SOCIAL (Yes, no or unknown) SECURITY NO. Jo INTERVAL BETWEEN 18. item CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. Turach 218. PLACE OF INJURY (6.g., in or about home, farm, factory, atreet, office bldg., etc.) | INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY lly WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from New. 1948 to 3 - 19 , 195 A that I last saw the deceased alive on 3-13- 19 50, and that death occurred at 5: 40 km., from the causes and on the datc stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMAT 24D. LOCATION (City, town, or county) DATE RECEIVED BY RECISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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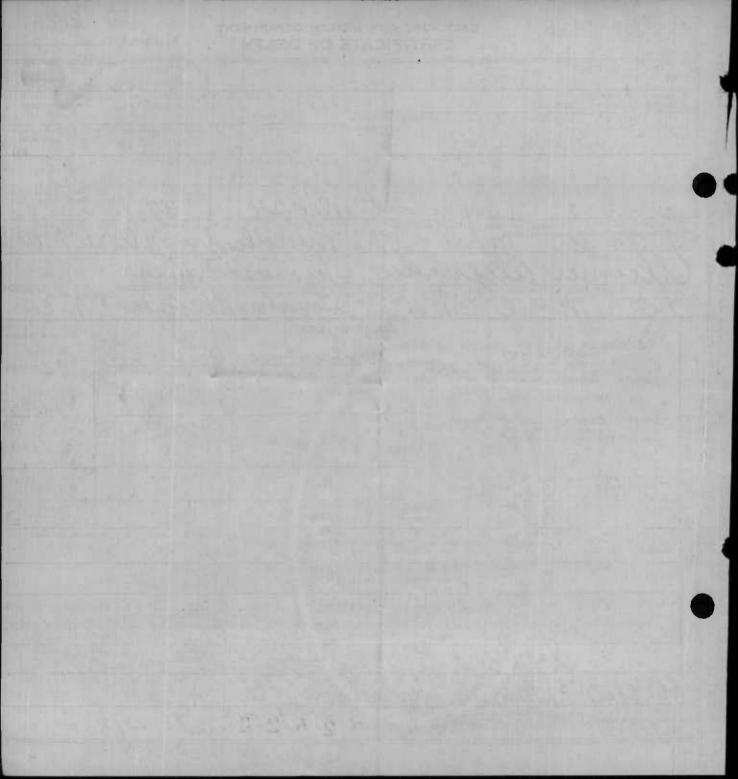
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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE John Douglas Alexander DEATH March 20 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN Mercy Hospital, doa Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years ft Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of orthogone during most of working life, even if retired) 108. KIND OF BUSINESS OR OF DEA ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, fuctory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Insp. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death immy opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23A. SIGNAPORE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR CREMATORY 24D. LOCATION (City, town, or county) RECEIVED BY ADDRESS LOCAL REGISTRAR. VS 151



before admission)

If Under 1 Year

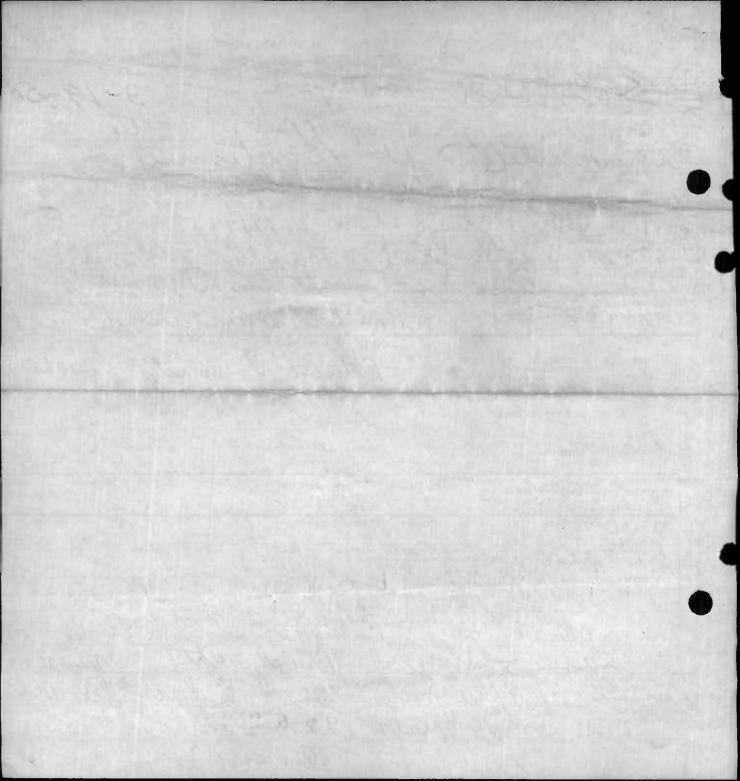
12. CITIZEN OF WHAT COUNTRY

20. AUTOPSY

YES

refully hould be informat y item the cau Every write th UNFADING Physicians: 1 TH PLAINLY WRITE PLEASE

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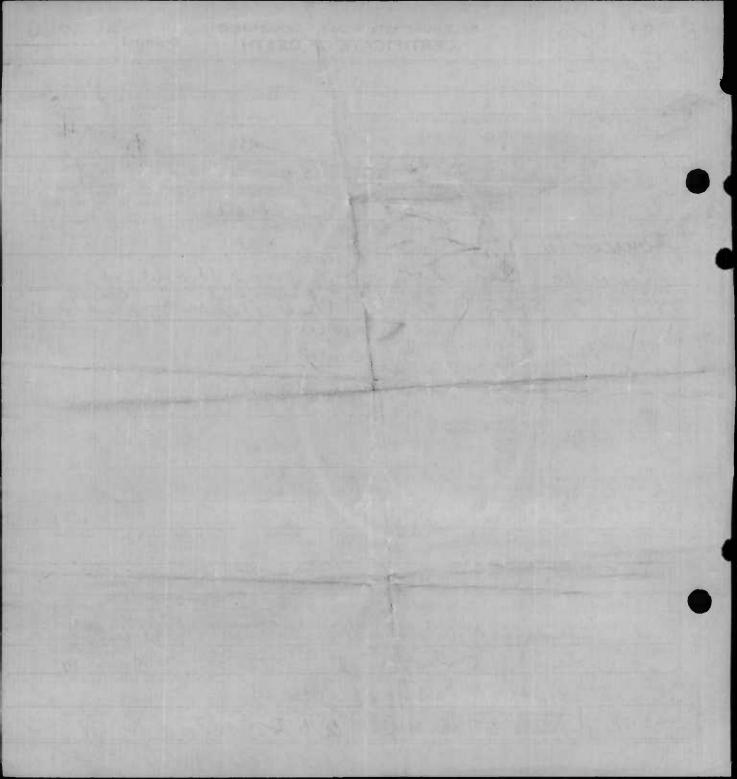


40°50 2628

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2628 Registered No.

	CITIVO.							
	NAME OF D pe or Print)	-	ise	Neal		of DEATH Marc	h 17.	50
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (W		f institution : 1	residence e admission)
	ULL NAME	OF ( ! not in hospi	tal or institution	on, give street address or				
	SPITAL OR	Baltimore	City Hos	spital location)	c. CITY OR TOWN (If	outside corporate lim	its, prite Heak	AL and give township)
				70 11 2 Yrs.	D. STREET ADDRESS If	rural, give location)	1.4	
1	Length of s	tay in Baltimore		Mos. Days	322- Pr	eston	ST.	W.
	F	6. COLOR OR RACE	Misco	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)		H Under 24 Hours Lours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE WHAT	N OF COUNTRY!
13.	FATHER'S N	ulled.	esk	ew	14. MOTHER'S MAIDEN NA	Islee	4	
	WAS DECEASE no or unknown)	D EVER IN U. S. ARME (If yes give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Clas. ask	ew - ni	POFESO	ر مد
	18. 00 2	× .		CAUSE	OF DEATH		INTERVA	
		E OR CONDITION	DIRECTLY				ONSET	AND DEATH
	heart failu	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	of dying, e.g. ans the disease	, (A)	onary Tuberculosi	S		• • • • • • • • • • • • • • • • • • • •
		ANTECEDENT CAU	SES					
-				(B)	***************************************			
ATION		OR CONDITIONS. HE ABOVE CAUSE (A						
E		ING CONDITION L						
FIC				(6)				
1	OTUED 6	II IGNIFICANT COND	ITIONS SON					
2	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	3				
-		F OPERATION		FINDINGS OF OPER	ATION		1 20 01	JTOPSY?
		O ZNATION					20.70	No IX
CA	21A. EXTERN	IAL CAUSE WAS	21s. PLAC	CE OF INJURY (e.g., in	or   21c. WHERE DID (I	f in Baltimore City,	give exact loc	
	CAUSE OF	OR CONTRIBUTING		m, factory, street, office bldg., e	tc.) INJURY OCCUR?			,
	21D. TIME (	Month) (Day) (Year	) (Hour)   2	TE. INJURY OCCURRI	2 1F. HOW DID INJURY	OCCUR?		
	OF INJURY			WORK NOT WHILE				
	22. I certify that I took charge of the remains described above, held an Insp. & In . thereon and from							
					Autopsy. I	nspection or Inquiry		
	the evidence estained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ∃, accident □, suicide □, homicide □, undetermined □.							
	23A. SIGNAT		16	2	238. CHIEF MEDICAL E	XAMINER 2		
	(	My (	V		D.   MEDICAL INVESTIGATO	OR M	erch 7	1950
7/00 T/00	BURIAL C REMOVAL (S)	REMA: 248. DATE	50 3	NAME CEMETE	RY OR GREMATORY 24D. LC	CATION (City, town	n, or county)	(State)
	TE RECEIVED	BY   REGISTRAR	S SIGNATUR	E I	25. FUNERAL DIRECTOR	1	ADDRESS	
	AL REGISTA	RAR	WE WIND	6.2 00	Wh Ausel	ead)-	- 918	2
VS 1	151		8	CONTRACTOR OF STREET	10 1	11-00-	and	111
					Kend	Heel	138	10



522 BIRTH NO.

PLEASE WRITE PLAINLY, "ITH UNFADING INK. Every item of informat should be carefully correct age is especipily important. Physicians: please write the causes of death clearly and legibly.

	E.	1 2000
50 2629 BALTIMORE CITY HEALTH DEPARTMENT	Registered N	COCH COCH
BIRTH NO. CERTIFICATE OF DEATH	registered is	0.
1. NAME OF DECEASED Manshall Winchester	2. DATE MAR	21 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE		nstitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	11	13 ldn
HOSPITAL OR INSTITUTION C. CITY OF TOWN . (I	f outside corporate limits	township
Mos. 1300 F L	f rural, give location)	ant 2 a
c. Length of stay in Baltimore  Days   102 EUTG  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   It Under 24 Hours
male turkita WIDOWED, DIVORCED (Specify) 12-12-12	last birthday) Mon	oths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11, BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during montof working life, even if retired)  Retired Banker		WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN N	NAME	/
John Marshall Winchester Anne Gord	on Price	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	CINS HOSPITAL AD	DDRESS
18. 490 X . CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0.11	ONSE! AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a, KUL	3 w/s
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-		
CC)		
TRIBUTING TO THE DEATH, BUT NOT RELATED	Insis	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
A PART OF TAXABLE A PART OF TA		YES NO
HOMICIDE (Specify)   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OF INJURY	RY OCCUR?	Bardler Y.
m. WHILE AT NOT WHILE AT WORK		
	-21-, 19 <b>5</b> the causes and on th	Chat I last saw the
deceased alive on 3 - 2.1-, 1960, and that death occurred at 1 m., from 23A. SIGNATURE 23B. ADDRESS	the causes and on th	e date stated above
Emest Brown W. M. D. 18HAS HOPKINS HI	OSPITA .	3/21
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. I	LOCATION (City, town,	or county) (State)
Burial   Mar 23,1950   St. John's Waverly	Baltimore.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	Son 8057.	Calvert St
VS 150		108

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of informations about be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and legibly.

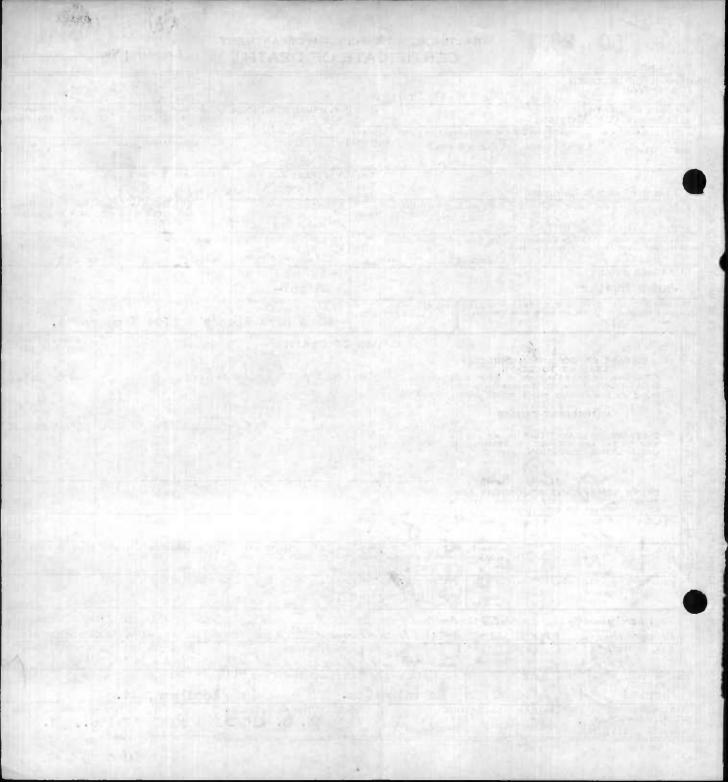
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2630

RTH NO.			OLIVIII ICATI			
		S			2. DATE OF DEATH	h 19, 1950
Baltimore	City, Maryland	ıI or institu	tion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission		
SPITAL OR	US Marine He	spita;	location)			
			Yrs. Mos. Days	38 S.	Hanover St.	
M	W	WIDOV	MED, DIVORCED (Specify)			Under 1 Year oths Days Hours Min.
AB S	of working life, even if retired)	10B, KIN	D OF BUSINESS OR INDUSTRY  Seafarer	11. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
. WAS DECEAS , no or nnknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. 223-07-2229	17. INFORMANT Records-	US Marine Hospita	DRESS 1, Balto, Md.
18. / (	F OR CONDITION	DIRECTIV		OF DEATH		INTERVAL BETWEEN
(This doe heart fails	LEADING TO DEAT s not mean the mode oure, asthenia, etc. It mean	'H f dying, e. ns the disea	g., (A)	chiogenic carcinoma		2 yrs #
ANTECEDENT CAUSES Empyona						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED			
				RATION		20. AUTOPSY?
						ive exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)			INJURY OCCUR?	
John L	Wilson, Medic	711	Ilsau 2	3B. ADDRESS		23c, DATE SIGNED
Burial,  Burial,	CREMA 24B. DATE Specify) 3/ 23.	150	24c. NAME OF CEMETE		Woodlaw	or county) (State)
ATE RECEIVE	RAR	- frame	White works	25. FUNERAL DIR	ECTOR 3615-17	Chestinis Sug
VS 150		9	46051			470
	PLACE OF E Baltimore FULL NAME OSPITAL OR ISTITUTION WYMEN  A. USUAL OC Idendring most AB 8  AB INTERIS  Charle  Charle  AB INTERIS  Charle  Charl	NAME OF DECEASED Type or Print)  ABRAM DAVI  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in bospite of the print of	NAME OF DECEASED Type or Print)  ABRAM DAVIS  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution of the print	NAME OF DECEASED TO PRINT)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in bospital or institution, give street address or cospital or US Marine Hospital Incation)  SPITALOR US Marine Hospital Incation  Wyman Pk. Drive & 31st Ste  Length of stay in Baltimore  SEX 6. GOLOR OR RAGE 7. SINGLE. MARRIED.  WD Days  OA. USUAL OCCUPATION (Give hindof adoedering most of working life. even if retired)  AB seaman  Seafarer  OA. USUAL OCCUPATION (Give hindof adoedering most of working life. even if retired)  AB seaman  SEX 6. GOLOR OR RAGE 7. SINGLE. MARRIED.  WD DIVE.  OA. USUAL OCCUPATION (Give hindof adoedering most of working life. even if retired)  AB seaman  Seafarer  OA. USUAL OCCUPATION (Give hindof adoedering most of working life. even if retired)  AB seaman  SECURITY NO.  223-07-2229  IB. ACCIDENT SUCIDE.  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER AT WORK  21A. ACCIDENT, SUICIDE.  21B. PLACE OF INJURY (A. g., ind what death occurs of the deceased alive on Mare 19 19 19 50, and that death occurs and the deceased alive on Mare 19 19 50, and that death occurs and the deceased alive on Mare 19 19 50, and that death occurs and the deceased alive on Mare 19 19 50, and that death occurs and the deceased alive on Mare 19 19 50, and that death occurs and the deceased alive on Mare 19 19 50, and that death occurs and the deceased from Mare 19 19 50, and that death occurs and the deceased from Mare 19 19 50, and that death occurs and the deceased from Mare 19 19 50, and that death occur	NAME OF DECEASED ABRAM DAVIS PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF DETAIN ON SAME OF DESTINATION OF MARYLAND O	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF OF (If not in hospital or institution, give street address or Death: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or Location) US Marine Hospital Wyman Pt. Drive & 31st St.  Length of stay in Baltimore  SEX 6.COLOR or RACE VIDUATION (If outside corporing limits Baltimore  SEX 6.COLOR or RACE VIDUATION (Givelanded) DIVA.  AS SEMBAN  AS SEMBAN  AS SEMBAN  AS SEMBAN  AS SEMBAN  Charles Davis  FATHER'S NAME Charles Davis  It Myman Pt. Stay in Baltimore  SEX 6.COLOR or RACE VIDUATION (Givelanded) DIVA.  AS SEMBAN  AS SEMBAN  Seafaror  It Month (Fire State of foreign country)  It Myman Pt.  AS SEMBAN  AS SEMBAN  CAUSE OF DEATH  It MOTHER SHALE OF CONDITION DIRECTLY OISEASES OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., may country in the Amove Cabes of A STATING THE UNDERLYING CONDITION S. F. AMY, GUING INSERT OF THE AMOVE CAUSE S.  DISEASES OR CONDITIONS IF AMY, GUING INSERT OF THE AMOVE CAUSE AS STATING THE UNDERLYING CONDITION LAST.  If OTHER SIGNIFICANT CONDITION SCONTRIBUTION CAUSES IN THE AMY CAUSE AS STATE WAS SECURITY TO THE AMOVE CAUSE AS STATE WAS SECURITY TO THE AMOVE CAUSE AS STATE WAS SECURITY TO THE AMOVE CAUSE AS STATE WAS SECURED TO THE DEATH, BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE MO

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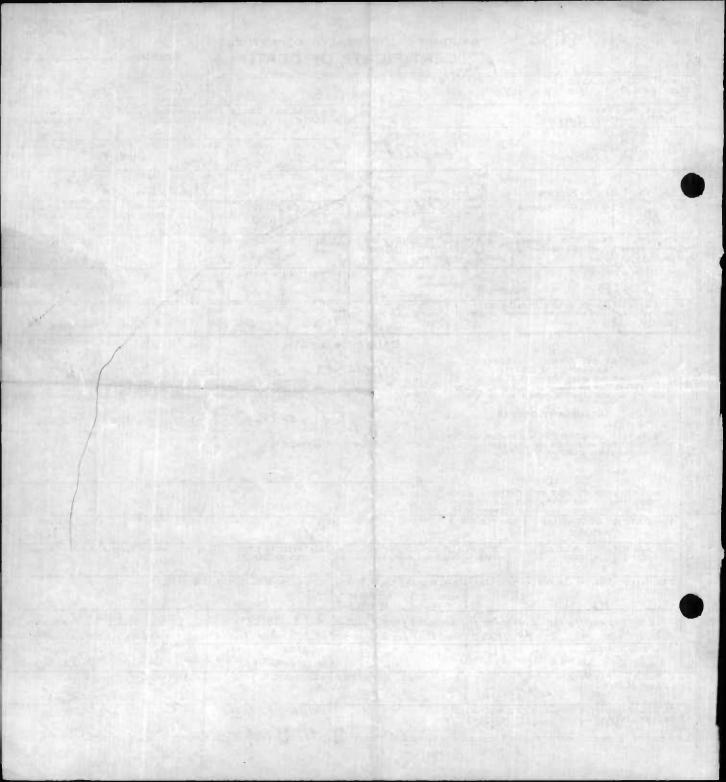
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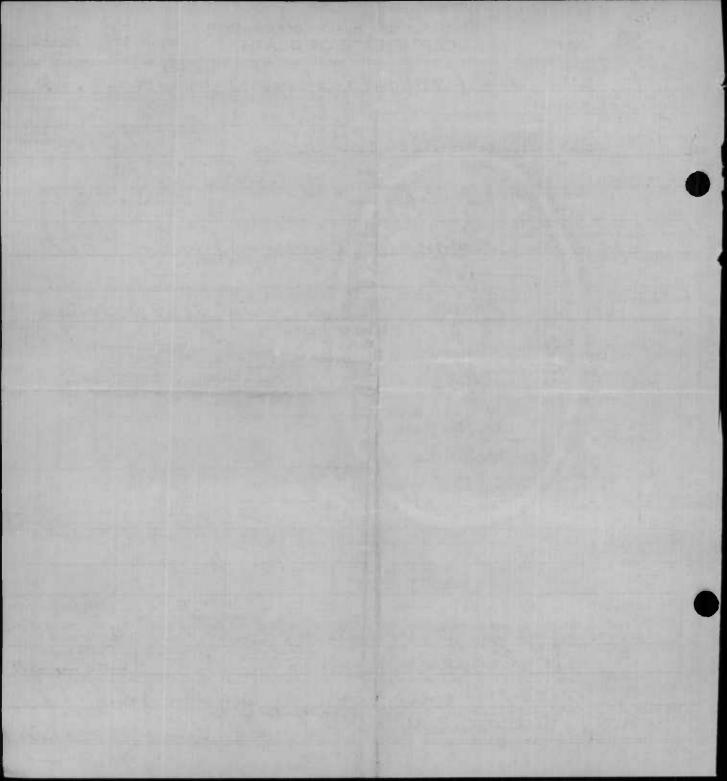
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MANON & (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR If outside corporate limits, write RURAL and give C. CITY OR TOWN 2/ Ensor INSTITUTION /0 township) Marion D. STREET ADDRESS (If rural, give location) Yrs. Mos Ensor length of stay in Baltimore Days 9. AGE (In years If Under I Yest Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 21 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Sa ones to Chnew / musica 13. EATHER'S NAME MOTHER'S MAIREN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of SECURITY NO 14-03-1094 NTERVAL BETWEEN 18. OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OBERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Ke. Carle wollen 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORL 22. I hereby certify that Lattended the deceased from 195 that I last saw the deceased alive on 1441144, 1950, and that death occurred at. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) (City, town, or gounty) Besterial ADDRESS MATE RECEIVED BY 25. FUNERAL DIRECTOR

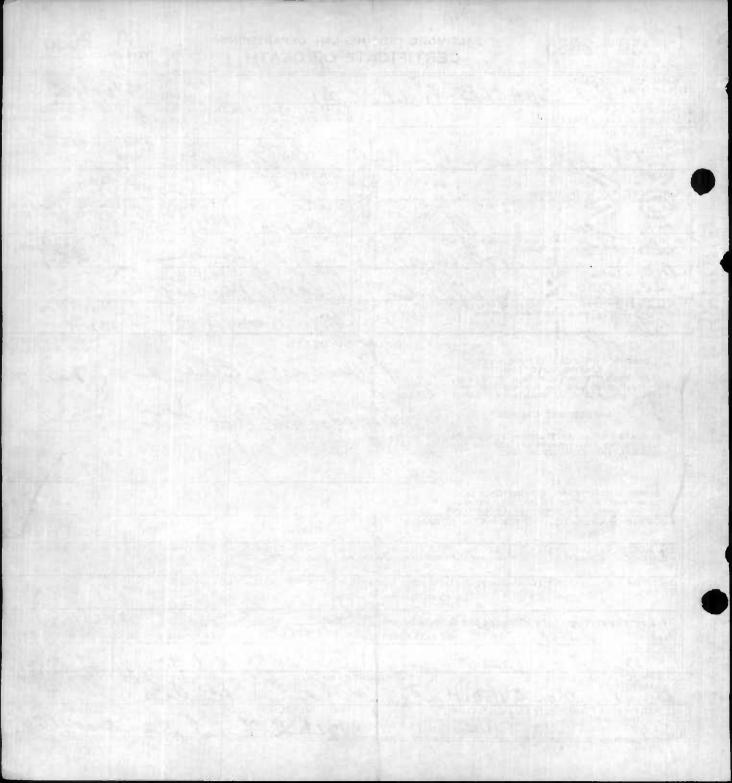
VS 150

69/9 Han land Rd. Dr. Hedde field

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM CANELOS poulos DEATH March 20, 1950 3. PLACE OF DEATH: 4. USUAU RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General Hospita Balt.imore D. STREET ADDRESS (If rural, give location) Mos. 2029 W. Saratoga Street Length of stay in Baltimore Days 6 COLOR OR RACE 9. AGE (in years) 7. SINGLE MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) male white 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Smuma plesse 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH DUSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, with coronary insufficiency injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PUE TO RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖾 accident 🗌, suicide 🔲, homicide 🔲, undetermined 🗀. 23A. SIGNATURE 23c. DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL) CREMA-TION, REMOVAL (Specify: 240. LOCATION (City, town, or county) DATE RECEIVED BY 25 FUNDRAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1951 VS 151



2635 BALTIMORE CITY HEALTH DEPARTMENT 2635 Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, writers ORAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mon c. Length of stay in Baltimore Dave 9. AGE (In years | M Under I Year | H Under 24 Hours | Hours | Min. 7. SINGLE, MARRIED 6. COLOR OR RACE WIDOWED DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 420. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (0) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A, ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK . 19 that I last saw the , 19) and that death occurred at 3:53 m., from the causes and on the date stated above. deceased alive on 2 23B ADDRESS 23A. SIGNATURE 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF GEMETERY OR CREMATORY TION, DEMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR hustring (172) VS 150



death clearly and legibly.

causes of

Physicians: please write the

important.

correct age is especi

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NT 50 2636

В	RTH NO.	LICITI TOTALL			
	NAME OF DECEASED ype or Print)	2414		OF DEATH 2-/3	-20
	Baltimore City, Maryland 1/4 (0 %)	ields Place	4. USUAL RESIDENCE (V		nstitution : residence before admission)
B. H	FULL NAME OF (If not in hospital of institution OSPITAL OR ISTITUTION	location)	C. CITY OR TONY	outside corpor ite limits,	to Love
Ų	70		13 acting	1	77
C	Length of stay in Baltimore	Mos. Days	o. STREET ADDRESS SH	ryfal, give location	loce
5	SEX 6. COLOR OR RACE 7. SINGLE.	MARRIED.	8. DATE OF BIRTH		inder I Year   If Under 24 Hours ths: Days   Hours   Min.
3.0	thurse owyal In	D. DIVORCED (Specify)	Jeb 1887	63	
WOT	k done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11.BIRTHPLACE (State or fo	reign equitry)	2. CITIZEN OF WHAT COUNTRY?
		11	maryla	MOL	American
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N.	A 7/15/1	
	Sam Sheed		MAKU Ke	llum	
15 (Y	3. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 8, no or uokoown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS 11
(1	(1. Jee, Bro was all dates at service)	SECURITY NO.	MAN CLANNA	Dice. 1144	ShieldAPL
	18. 4 0	CAUSE	OF DEATH	1170	INTERVAL BETWEEN
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	LEADING TO DEATH	In PM	mary durent.	of heart	3 years
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)	or our or	of whom of	37000
	injury or complication which caused death.)	DUE TO			
_	ANTECEDENT CAUSES	Pl	ic balcular des	and of heart	) 11.00 ha
O	DISEASES OR CONDITIONS, IF ANY, GIVING	(в)Сисяи	ic harvas as his	in in it	992000
E	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
CAT	ONDEREN NO GONDINON EAST.				
Ē	III III	(C)			
RT	OTHER SIGNIFICANT CONDITIONS CON-				
빙	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************	***************************************		
	19A. DATE OF OPERATION   19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
<del> </del>					YES NO
EDIC		E OF INJURY (e. g., in n,factory,street,officebldg.,e		If in Baltimore City, gi	ve exact location)
ME					
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	22. I hereby certify that I attended the de	ed that death occur	10	he causes and on the	
	deceased alive on 3-12-, 1917. an		3B, ADDRESS	ne causes una on m	23c. DATE SIGNED
	Addan Es. T. Comman	Des M.D.	1039 11 TOUNES	4 14	3-17-57
	4A. BURIAL, CREMA- 24B. DATE 24	O NAME OF CEMETE	RY OF CHEMATORY 240.	GENTION City, LOWN,	or county) (State)
T	13 ( 2 2/50 )	My Jon	semesey of	Jallemor	end.
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	a 0.	ADDRESS
	AR 22/950 Multivator Holle	June 1919	2 haires	Ce of tice &	6 1W. Barre
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MAR 20 1850

Omethedical services office.

death clearly and legibly.

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Physicians: please write

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CERTIFICATION

MEDICAL important.

(Yes, no o

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•	50	2637		TIMORE CITY HEADERTIFICATE	OF DEATH	Registered	No
BIRTH	NO.			CENTIFICATE	OF DEATH		
	ME OF DEC or Print)	A A	egant	Heley		2. DATE OF PLAN	uh 20, 1950
A. Balt		ty. Maryland	Ball		4. USUAL RESIDENCE (	Where deceased lived, I	f institution : residence before admission)
HOSPI	TAL OR	F (If not in hosp	pital or institution	n, give street address or location)	c. CITY OR TOWN	If outside corporate lim	its, write RURAL and give
20	-	once of	or of	- aged	TowsoN		township)
				Yrs. Mos.	D. STREET ADDRESS (I		
		y in Baltimore		Days		EAVENUE	
5. SEX	4.	COLOR OF RAC	WIDOWE	D DIVORCED (Specify)	Sept 12, 1874	9. AGE (In years last birthday)	It Under 1 Year M Under 24 Hours Ionths Days Hours Min.
ork dope	luring most of w	JPATION (Givekind vorking life, even if retire	Arvate E	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13/FAT	THER'S NA	me mis	have ,	tilly	14. MOTHER'S MAIDEN	Locker	7
15. WAS	DECEASED runknown)	EVER IN U. S. ARM (If yes, give war or do	ED FORCES?	SECURITY NO.	17. INFORMANT Sin	1 07	ADDRESS
18.	4/22	~		CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION	N DIRECTLY		1		ONSET AND DEATH
	(This does n heart failure,	EADING TO DE not mean the mode , asthenia, etc. It m omplication which	e of dying, e.g. neans the disease,		ema dun	gs-	lang
	ANTECEDENT CAUSES				ronic myoccudetes		5 46
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П .	TRIBUTING T	II SNIFICANT CON TO THE DEATH, BU	JT NOT RELATED		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · · · · · · · · · · · · · · · · · ·
		OPERATION		FINDINGS OF OPERA			20. AUTOPSY?
1		0					YES NO
		T. SUICIDE. (Specify)		CE OF INJURY (e. g., in m,factory,etreet,office bldg.,etc		(If in Baltimore City,	give exact location)
		onth) (Day) (Yea	ar) (Hour)   2	1E. INJURY OCCURRE	21F. HOW DID INJUR	RY OCCUR?	
OF	INJURY			HILE AT NOT WHILE			
22	I hereby	certify that I a		deceased from Trick	5 - 1950 10	mch 20 196	10, that I last saw the
dec	eased alin	e on Mich 20	19 50 a	nd that death occurr			
deceased alive on M. Ch. 20, 1950, and that death occurred at 3:15 ?m., from the causes and on the							

23A

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

mich 20

248. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

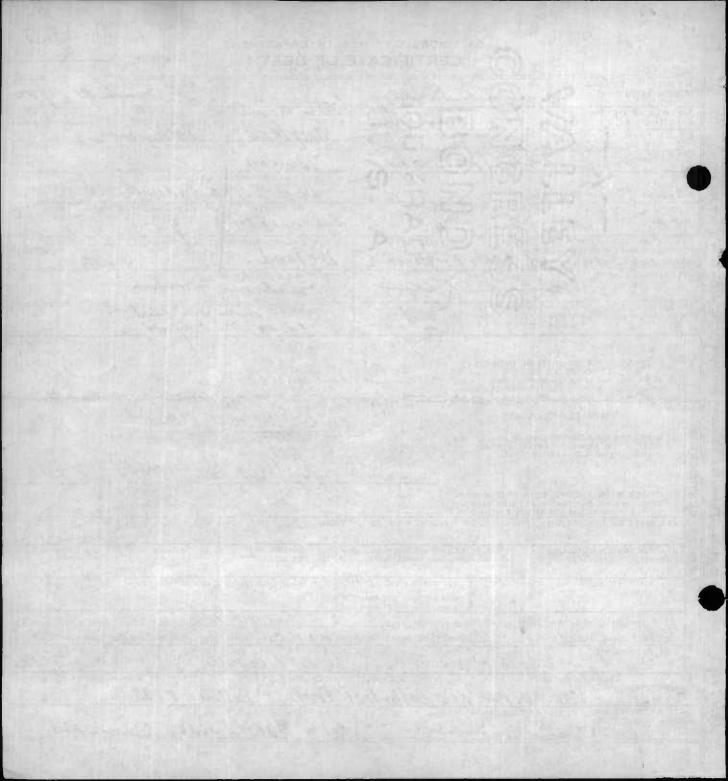
MAR. 23, 1950 Wew Cathodra

Cem. Bultimore, Md.

BURIAL DATE RECEIVED BY LOCAL REGISTRAR MAR 2 2 1950 Entirator Miliabus Me

John Burns' Sous, Towson Md.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 3-18-50 (Type or Print) Tosebh DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) STIH Yrs. D. STREET ADDRESS (If rural, give location) Mos. ghvision are. . Length of stay in Baltimore Days 9. AGE (In years | Months Days | Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH MARRIOD 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? - Wosh. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Sadi Mainst 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURIT CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COKONARVOCCLUSION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUF TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE WHILE AT

OF INJURY AT WORK WORK

22. I hereby certify that I attended the deceased from I deceased alive on 3/18/, 19 60, and that death occurred at 5:56 m., from the causes and on the date stated above. 23A. SIGNATURE

248. DATE

LYING OR CONTRIBUTING

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

JURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE

MAR 2 2 1950

24C. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

, 1950, to

21F. HOW DID INJURY OCCUR?

(B) RUPTURED VENTRICLE LEFT

LOCATION (City, town, or gounty)

ADDRESS

(If in Baltimore City, give exact location)

VS 150

20. AUTOPSY

195 that I last saw the

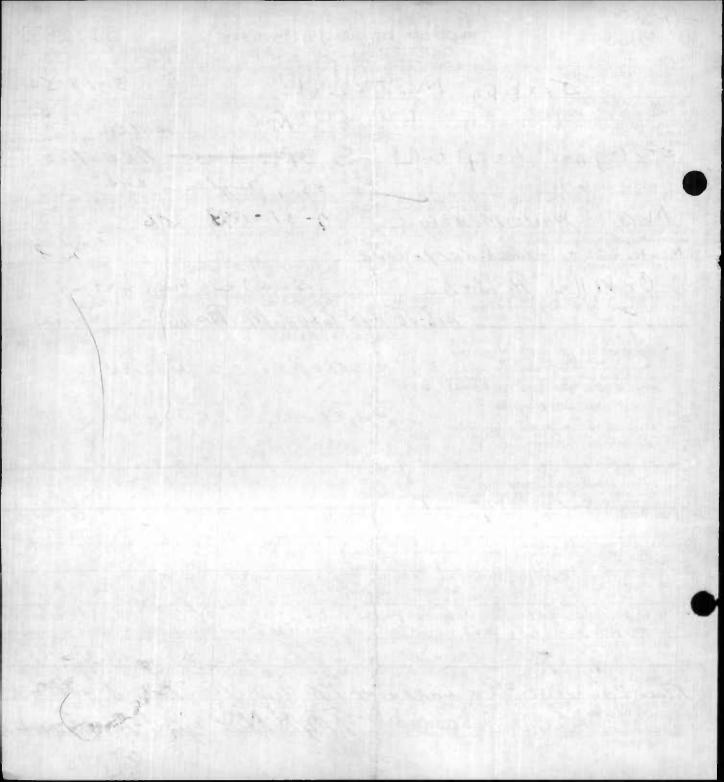
23c. DATE SIGNED

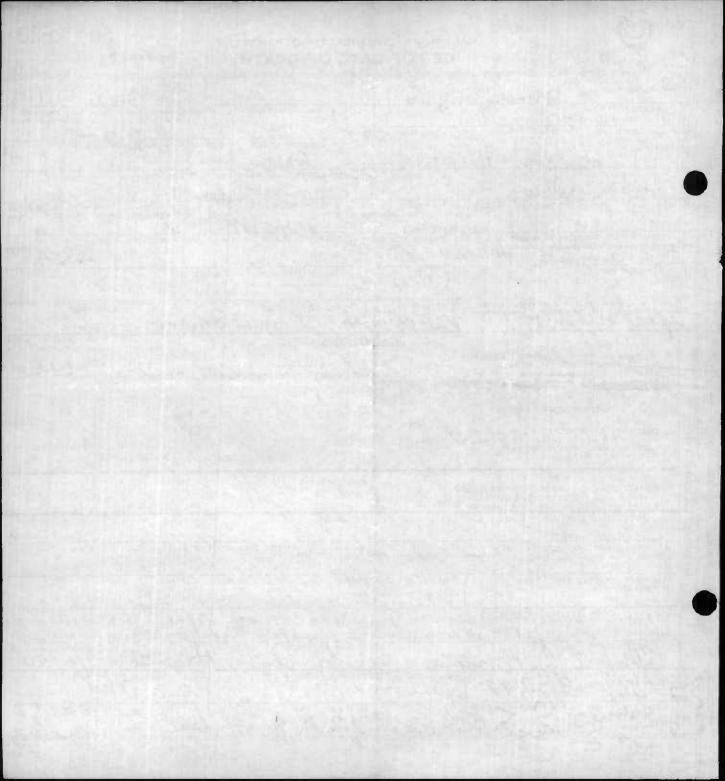
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TO

Physicians: RT





TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

township)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from\_

24B. DATE

WORK

195 Othat I last saw the deceased alive on a/20, 1951, and that death occurred at 7 Mm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

23A. 9 SNATURE Lownen 24A. BURIAL. CREMA-

M. D.

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

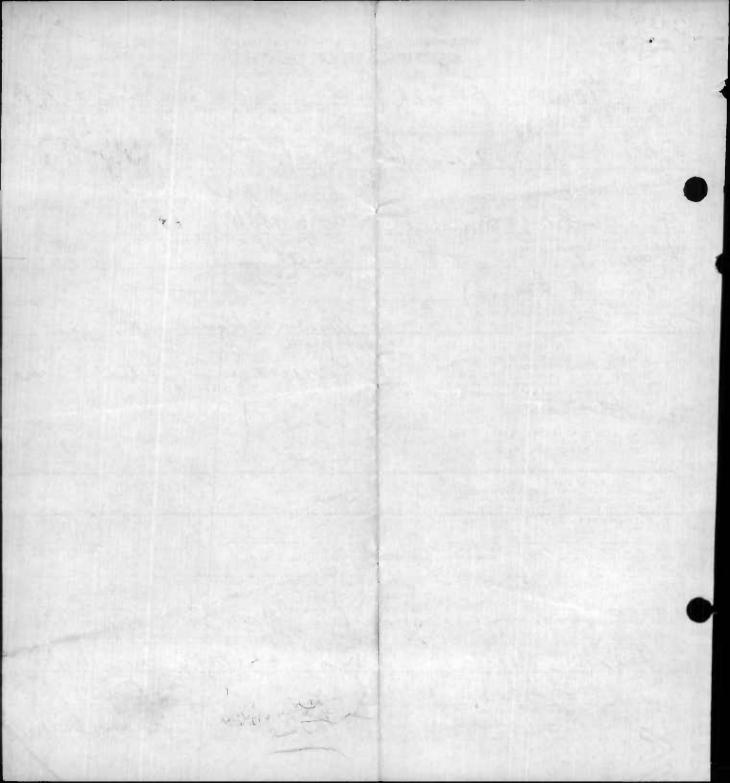
TION REMOVAL (Specify)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150



Physicians: please write the causes of death clearly and logibly.

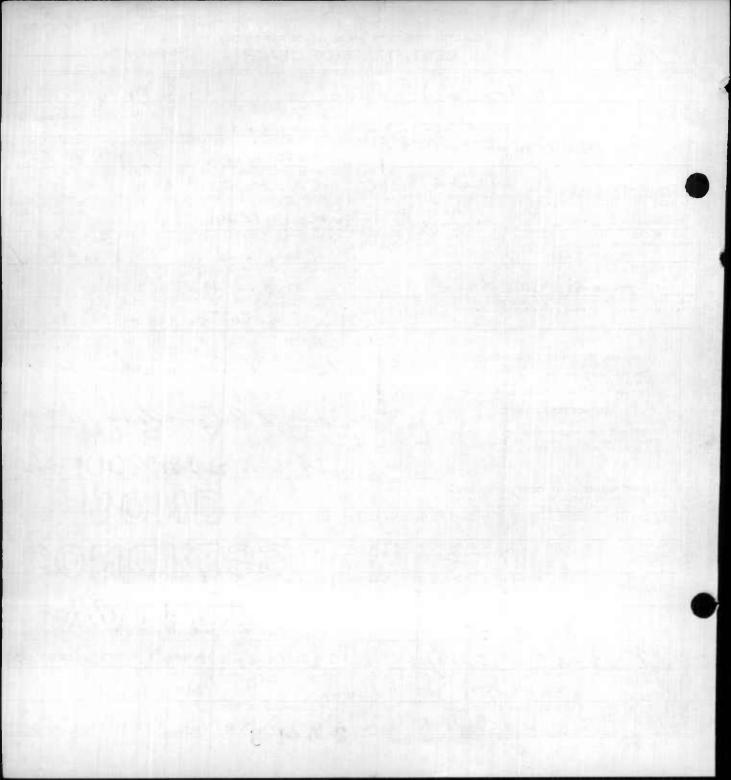
y important.

correct age is espe-

VS 150

y,	RTH NO.		(	CERTIFICAT	E OF DEATH	Registere	d No.
	NAME OF D ype or Print)		trude	Johnso	2 /2	2. DATE OF DEATH	Jarch 21, 1956
	PLACE OF D Baltimore (				4. USUAL RESIDENCE		. If institution: residence
H	FULL NAME OSPITAL OR ISTITUTION	1150	ny File	on, give street address of location		/	imits, write RURAL and give
)	Length of s	tay in Baltimore	Lie	Yrs. Mos. Days	0. STREET ADDRESS (II	f rural, give location	)
	sex emale	6. COLOR OR RAC	WIDOW	MARRIED, ED, DIVORCED (Specify	Dec. 25, 1874	9. AGE (In year last birthday)	Months Days Hours Min.
1 C worl	done during most o	CUPATION (Give kind f working life, even if retire	of 10s, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or:		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME	IV -		14. MOTHER'S MAIDEN N		1 01 3 11,
15	Sam.	D EVER IN U. S. ARI	MED FORCES?	16. SOCIAL	17. INFORMANT	Hall	ADDRESS
(10	, no or unknown)	(11 yes, give war or o	ates of service)	SEÇURITY NO.	n	Ter 150	O MUTTLE AVE
L CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY) OTHER STRIBUTING TO THE O	SE OR CONDITION LEADING TO DI LEADING TO THE OBATH, B LEASE OR CONDITION LEADING TO THE OBATH, B LEASE OR CONDITION LEADING TO THE OBATH, B LEBASE OR CONDITION LEADING TO THE OBATHON LEAD	EATH e of dying, e.g., neans the disease n caused death. USES G, IF ANY, GIVING A) STATING THI LAST.  NOTIONS CON UT NOT RELATE ON CAUSING IT	(B) 9249 (B) 9249 OUE TO	rearohol le malyed ar mile Osyr	tursiles Chru:	Im 6m. 3m. 20. AUTOPSY?
MEDICA	21D. TIME OF INJURY	ive on Mar:	ar) (Hour)   2 m.   w	TE OF INJURY (c. g., rm, factory, street, office bldg., rm, factory, street, office bl	ED 21F. HOW DID INJURY  11 1949 to 1949 to 1938. ADDRESS	Y OCCUR?  Mar. M., 19 the causes and o	PSD, that I last saw then the date stated above.  23C. DATE SIGNED
24 TI	BURIAL S		3-50	MT. AUG	ERY OR CREMATORY 24D. I	Man, la	,
D/ LC	ATE RECEIVE	D BY   REGISTRA	R'S SIGNATUR		25. FUNERAL DIRECTOR	1son 130	ADDRESS 3 Presstmanst

Kelson



Loudon Park

23c. DATE SIGNED 3 - 22 - 5024C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baitimore. Md. 25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc .- 1900 Eutaw Pl.

50 2642

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

before admission)

township

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

3 - 23 - 50

REGISTRAR'S SIGNATURE

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		CHINA PARTICULAR THE STREET OF THE STREET
	AND CONTRACTOR MAN	
water and the contract of	12 - Allert only not	
		A CONTRACTOR OF THE STATE OF TH
	ASMITTAL TO AND 22 MARK MIRES TO THE	

22. I hereby certify that I attended the deceased from\_

, 1930, to meh 20, 1900, that I last saw the deceased alive on Meh 22, 1960, and that death occurred at 10 m., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

13 E. Eager St. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

3 - 21 - 50

before admission)

WHAT COUNTRY

NTERVAL BETWEEN

ONSET AND DEATH

10 minular

20. AUTOPSY

U. S.

township)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE burial

3 - 22 - 50Druid Ridge

r. Hod word

Pikesville, Maryland

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS John & Mitchell & Sons, Inc. - 1900 Butaw Pl.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give OR TOWN MORE (If rural, give location) ADDRES - Mos. Length of stay in Baltimore Days K Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof) BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired). INDUSTRY WHAT COUNTRY? HOUSE-WIFE 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME AME 15. WAS DECEASED EVER IN U. S. ARMED FORCE 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service SECURITY causes CAUSE OF 18. ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES over (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 1950, to hov. 21, 1950, that I last saw the 22. I hereby eertify that I attended the deceased from\_

deceased alive on Mar. 21, 1950, and that death occurred at B A. m., from the causes and on the date stated above.

nuneu

23B. ADDRESS

23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

han

24B. DATE

ADDRESS

23c. DATE SIGNED

50

(State)

1 II Under 24 Hours

See Document Fale So-2644
Report from query, in part:
"No fear at time of Seath."

Death due to cardiac decompensation

or a result of nitral sterioris + insufficiency.

Disease due to Rhemmater ferrer as per

connection in etc."

4-19-50
80

es of teath Cearly and legibly.

50	2645

0	2645 RTH NO.			CERTIFICAT		m ! .	d No
	NAME OF Di	CORA	M.KELL	7		2. DATE OF DEATH 3/2	20/1950
A.	PLACE OF DE Baltimore C	city, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	
B. HC IN	STITUTION	of (If not in hospite Virginia Lewi 4203 Springda	s Nursi	on, give street address or ng Home location)	c. CITY OR TOWN Baltimo	L. ()	mis, Writefit PRAL and giv township
		tay in Baltimore	Unkno	Yrs. Mos.	o. STREET ADDRES	ss (If rural, give location) oringdale Avenue	
	sex emale	6. COLOR OR RACE	WIDOW	Days  MARRIED,  ED.DIVORCED (Specify)  lowed	8. DATE OF BIRTH 5/9/1869	9. AGE (in years	
10 work	A. USUAL OCC done during monto Housewif	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	? Beckl	ey		14. MOTHER'S MAI	DEN NAME Unknown	V
15 (Yer	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yee, give war or date: None	FORCES? of eervice)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Mrs.H.Mayhugh	n-115 S.East Ave	ADDRESS eBaltoMd.
CERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEATH OF THE PROPERTY OF THE PROPER	FH dying, e. g ns the diseas aused death EES FANY, GIVIN STATING TH	(B)		enmonia rebral	onset and deat
CER	TRIBUTING	IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
CAL		0		FINDINGS OF OPER			20. AUTOPSY?
MEDICAL	210. TIME (OF INJURY	:NT, SUICIDE, (Specify) (Month) (Day) (Year)	(Hour) m.	CE OF INJURY (e. g., i arm, factory, etreet, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	y, give exact location)
	22. I hereb deceased al 23A. SIGNAT	ive on 20 Mar	ended the		rred at 4:30 Pm.,	to no mar., 18 from the causes and on Paul	that I last saw the the date stated above 23c. DATE SIGNED 272 Mar. 50
TIC	Burial (S Burial	3/25/19	50	Oak Lawn Ceme	tery	24b. LOCATION (City, to Baltimore Count	ty Md.
	MAR 22		s signatu	ine floor	25. FUNERAL DIRE Lilly & Zeile	er Inc.403 S.Wol	ADDRESS lfe St. Balto.M

920 St. Paul S Baltimore, Nd Ph. Mulberry St. Paul

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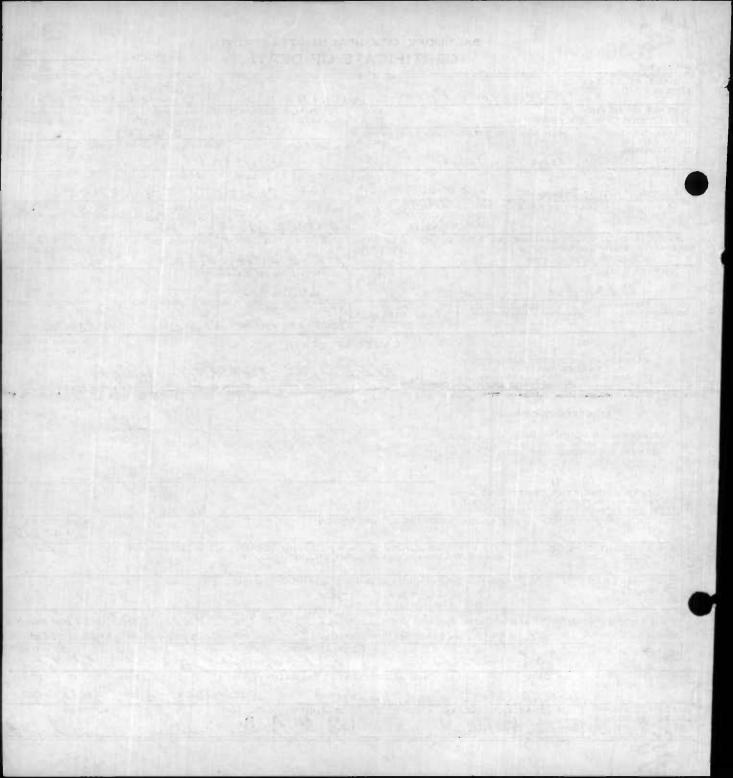
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## BALTIMORE CITY HEALTH DEPARTMENT

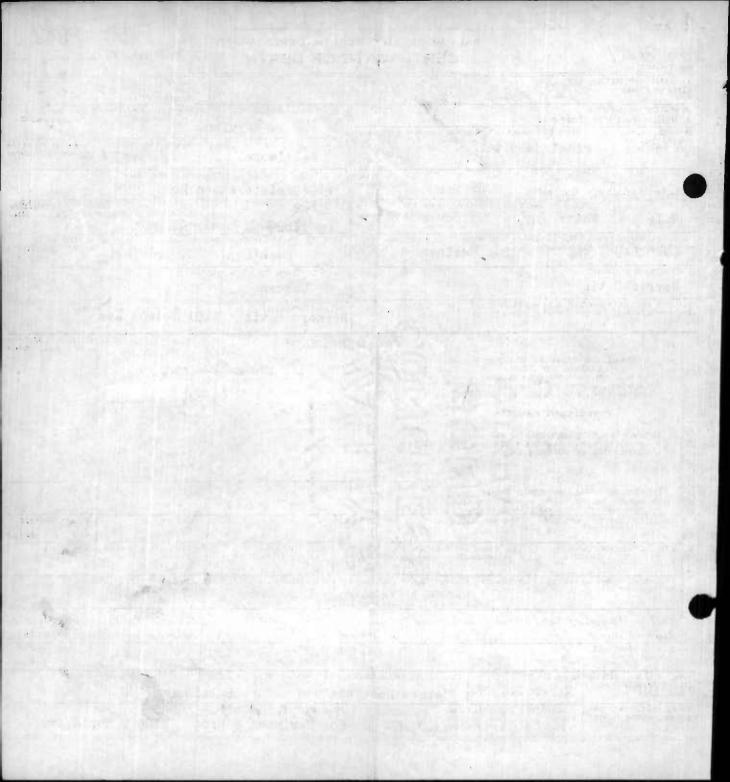
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1-11	4	152	\/ 50	2646
The	0	1 26AG	E OF DEATH  Registered No.	2040
	1.	NAME OF DECEASED	VILLIAMS   2. DATE OF DEATH 2/ MARC	H, 1950
supplied.		. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If insti	
y su	H	FULL NAME OF (If not in hospital or institution, give street address o OSPITAL OR location		ite RIIRAL and give
	IN	SO. BALTO, GEN.	DUNDALK	township)
legibly.	-	. Length of stay in Baltimore $\mathcal{Z} \mathcal{D} \phi$ . Yrs. Mos. Days		CE
y and		F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	1 Ysai   If Under 24 Hours   Days   Hours   Min.
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death	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
of de	15	5. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	LOUISE FOSTER	
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the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  R/F		ONSE! AND DEATH
write t		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	EDING DIODENAL WICEA	
		ANTECEDENT CAUSES		
s: please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
cian	TIFIC	(c)		
Physicians:	CER.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ئب	CAL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
mpor ant.	EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	
Im	N	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURP OF INJURY   WHILE AT   NOT WHILE		
		m.   WORK   AT WORK	2/10 0 3/21 0	
Silver	1	deceased alive on 1990, and that death occur	urred at 4:5 Am., from the causes and on the d	at I last saw the
20		23A. SIGNATURE		BC. DATE SIGNED
SEC	24	4A. BURIAL, CREMA: 24B. DATE 24C, NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
3		ON, REMOVAL (Specify) 24 MAR, 1450 GAK have	IN EASTERN AVE, 8	ALTO, md.
	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE. MAR 2 2 1950 Line to Miliane (1)	Dette Burge Beally, Du	Sulh Mid.
		VS 150	1171	3



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	2647 RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	-
	ype or Print) IS AA	c DAVIS		2. DATE OF DEATH 3/2)	1/50
Α,	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Meryle	B COLINTY	fitution: residence before admissio
HC	DSPITAL OR STITUTION Sinai Hospit	locution	c. CITY OR TOWN (If Baltimore		rite WRAL and gi
)	Length of stay in Baltimore	35 Yrs Yrs. Mos. Days	D. STREET ADDRESS (If 3503 Reistersto		
	SEX 6.COLOR OR RACE 7.  Male White	SINGLE, MARRIED, WIDOWED DEVORCED (Specify)	8. DATE OF BIRTH 1880, 1891	9. AGE (In years last birthday) Month	er I Year   H Under 24 Hours Days   Hours Mi
10. work		ob. KIND OF BUSINESS OR WINDUSTRY	11. BIRTHPLACE (State or for Russia)	reign country)   12	CITIZEN OF WHAT COUNTR
	FATHER'S NAME Morris Devis		14. MOTHER'S MAIDEN NA Unkown	AME	B7 T1 35 T2 3
15 (Yee	. WAS DECEASED EVER IN U. S. ARMED FC , no or uoknowo) (If yes, give war or dates of a	ORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT Bernerd Davis	101 Nelson Âve	RESS
ICATION	DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	dying, e. g., the disease, sed death.)  Due to Published the disease, sed death.)  NY, Giving Arting the Due to	& E Faclo Pable S.I. h	ue- calegnacies	
RTIFICA	OTHER SIGNIFICANT CONDITION				
CE	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	AUSING IT			
CAL	0	. MAJOR FINDINGS OF OPER			YES NO
1EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ir bout home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   AT WORK   AT					
1	22. I hereby certify that I attend deceased alive on 3/22, 1	1950, and that death occur		he causes and on the	
	23A. SIGNATURE	Kot M. D. 2	3B. ADDRESS	3	3c. DATE SIGNE
TIC	A. BURIAL CREMA- 24B. DATE N. REMOVAL (Specify) Warch 23,	1950 Hebrew Roseds		ODATION (City, town, or Altimore Md	county) (State
DA ME	TE RECEIVED BY REGISTRAR'S S		25. FUNERAL DIRECTOR	# # # # # # # # # # # # # # # # # # #	orth Ave

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5U 264
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNA K. EVERD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write HURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Illader 24 Hours AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours | Min. ADA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY HOUSE WORK HOME. LTIMORE, MD 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Kuhn Isabelle Dolan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN 18.410. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or ) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 3-1950 that I last saw the 19 5 Jand that death occurred at 5 Thu, from the causes and on the date stated above. deceased alive on 3 23B. ADDRESS 23c. DATE SIGNED 24A. BUNAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify 0 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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THE STELL SECTION AND ASSESSMENT OF STREET BARA MILITARE · Trans. 

DATE RECEIVED BY

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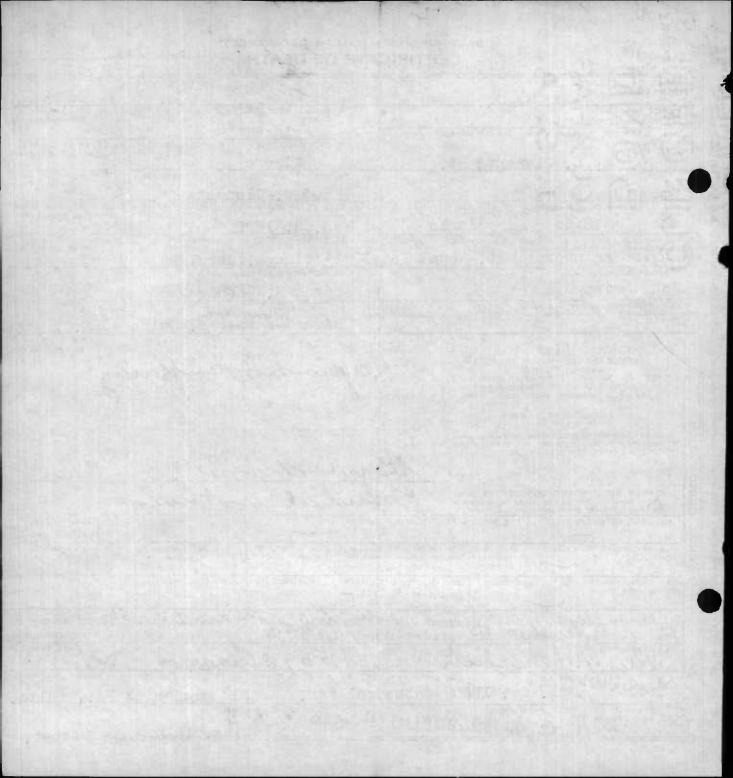
25. FUNERAL DIRECTOR

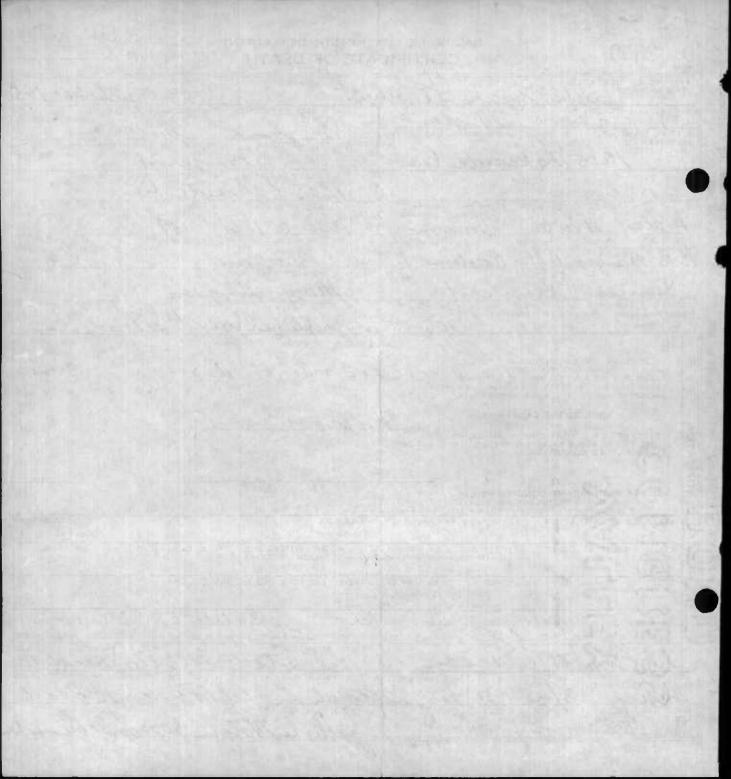
82Fleming,

REGISTRAR'S SIGNATURE

93E

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If outside corporate limits, white AURA) and give B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore arsied Days 9. AGE (In years | | Under | Year | | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) 16 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Longshoreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or onknowo) (If yes, give war or dates of service) SECURITY NO item of in Warner NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH very the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO 6 Comerulone freites ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT WORK . 1950that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 19.50 and that death occurred at .m., from the causes and on the date stated above. 23A. STGNATURE 23C/DATE SIGNED 23B. ADDRESS

TION, REMOVAL (Specify)

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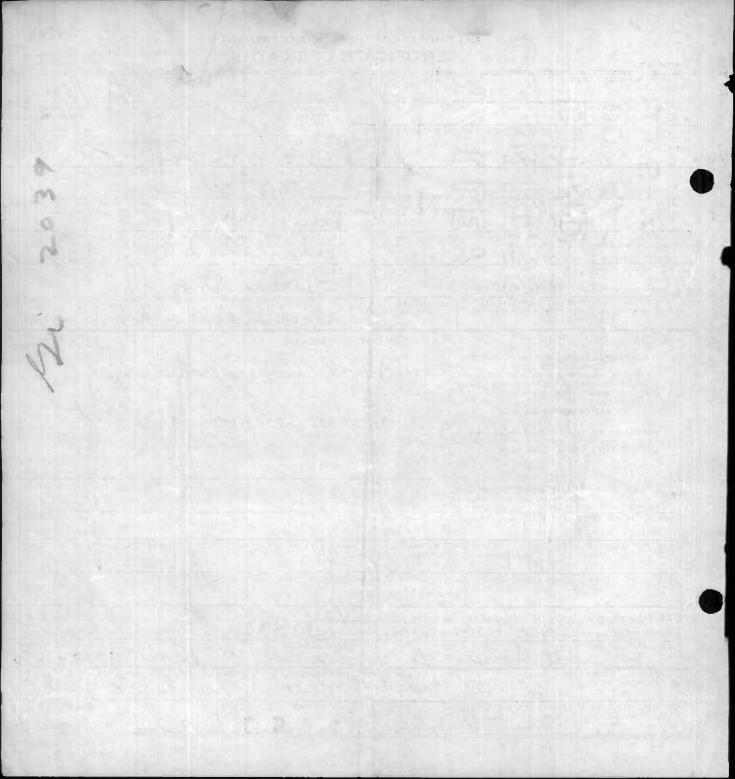
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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ADDRESS



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2652

Registered No.

BI	RIH NO.						
(T;	NAME OF D ype or Print)	Nohn	B.	Sture	devant	2. DATE MA	1950
	PLACE OF D Baltimore C	ity, Maryland			4. USUAL RESIDENCE	Where deceased lived.  B. COUNTY	If institution: residence before admission)
LIC.	FULL NAME	A		ion, give street address or location)			
IN	STITUTION		ARITI	7 ~		f outside corporate lin	nits, write RURAL and give township)
10	D Ho	Me 29 N.	. Carey		Baltimore	1	B-U km
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		ay in Baltimore		Days	29 N. Carey St.		
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
-	ale	white			about 1899	about 51	
10.	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	salesm	an Solicitor	alumi	( )	Md.		WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
	Calvin	Sturdevant			Florence Bingam	9 77	
15	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or nnkoown)	(If yes, give war or dates	of service)	2/6-09 -3420			
1					8	Son Inur	mont, Md.
18. 33/X						ONSET AND DEATH	
	DISEAS	2					
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure asthenia etc. It means the disease						ORRINGE	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO TRIGHT Neminlegia.  ANTECEDENT CAUSES  APRONIA						
		ANTECEDENT CAUS	ES	Ap	honit		
Z	Z (B)						
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
٨	UNDERLYING CONDITION LAST.						
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TIF	071150						
H	TRIBUTING	IGNIFICANT CONDI	NOT RELAT	ŁD .			
O		F OPERATION 1		FINDINGS OF OPER	ATION		20, AUTOPSY?
AL	ISA. DATE C	O' EKATION O	ob, mason	TINDINGO OF OFER	ATTON		YES NO A
U	21A. ACCIDE	NT, SUICIDE.	218. PL/	ACE OF INJURY (e.g., is	or 21c. WHERE DID (	If in Baltimore City.	give exact location)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	injury occur?		
Σ	21D TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUP?	
	OF INJURY	Month, (Day) (real)		WHILE AT NOT WHILE		1 OCCON1	
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from Man	h 1 , 1950, to M	uny 22, 19	56, that I last saw the
	deceased al	ive on March 21	, 1950	and that death occur	red at 7, 20 Am., from	the causes and on	the date stated above.
	234 SIGNA		0	2	3B. ADDRESS	40 17	23c. DATE SIGNED
	Mel	un 1:18	nde	М. D.	2030 W. Ta	yelle M	3/22/50
24 TIC	A. BURIAL, (	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CCATION (City, tow	n, or county) (State)
	Buria	- 1- 1		Mt. Moriah	Cem. Fo	xville, Md.	
DA	ATE RECEIVE	BY   BEGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
MA	CAD REBIST	Jan Juntition 7	欧门机	Labelle Miles	2M.GL. Greager	& Son Thu	rmont, Md.
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

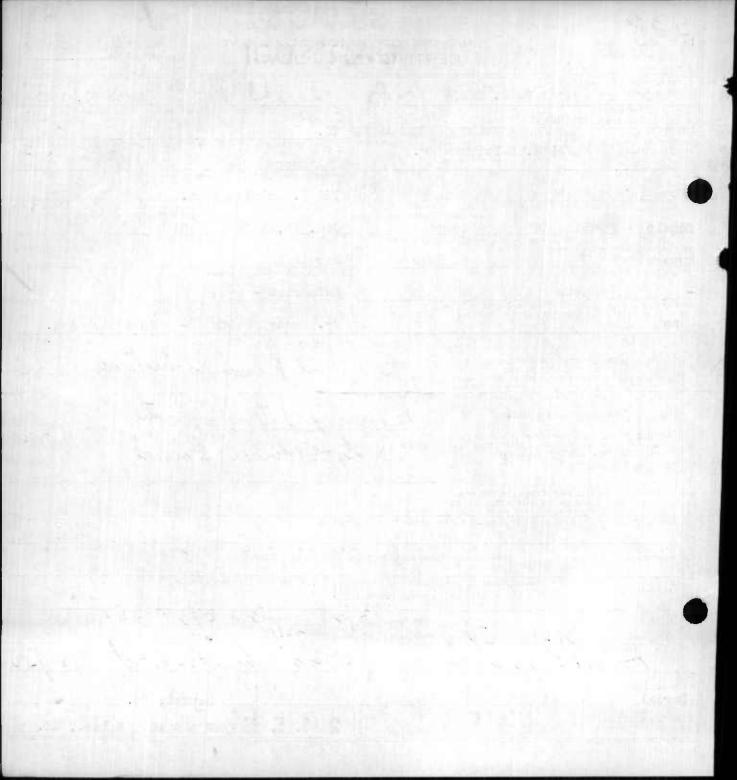
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF IDA V. SMITH March 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 751 W. Baltimore St. Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Mos. Length of stay in Baltimore 751 W. Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) if Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. female white widowed Jan. 19, 1868 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY housewife home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Watts Katherine -15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yea, no or unknown) (If yes, give war or dates of service) SECURITY NO. no Mr. Howard Smith 2545 Kirk Ave. no INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 2 IB. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK that I last saw the 22. I hereby certify that I attended the deceased from \_\_\_\_ 300m., from the causes and on the date stated above. deceused alive on\_ 19 Q. and that death occurred at\_ 23A. SIGNATURE 238. ADDRESS 23C DATE SIGNED 24A. BURYAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY 24D. CATION (City, town, or county Burial 3/24/50 Ivv Hill Laurel. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

937

Balto. Md.

TICKNER & SONS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ORRIN W. WALTEMYER OF DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits write RURAL and give INSTITUTION carefully D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 623 Linder Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH should be clearly and b 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 11-Married March 7, 1881 69
11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF work done during most of working life, even if retired) Furnace Stewartstown, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informati Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or naknown) SECURITY NO. 216-20-4703 Mrs. Alexandria Waltemyer 1623 Linden Ave jo CAUSE OF DEATH 18. ONSET AND DEATH item ie cau DISEASE OR CONDITION DIRECTLY Anterios classtia C. V disiase the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21c. WHERE DID PRIMARY OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autopse, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, of county) 3/24/50 Buria] Balto. National Cem. Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 151 34830

LOCAL REGISTRAR

Balto., Md.

TICKNER & SONS

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY?

50 - 2655BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE OF 3-22-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. . Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nformat 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unkoowo) SECURITY NO. item of in atien UnKnown INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY Pheumonia (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 19 50 to\_ . 19 L, that I last saw the 22. I hereby certify that I attended the deceased from. 19 50 and that death occurred atdeceased alive on 3-22 m., from the causes and on the date stated above. 23c. DATE SIGNED managiral 24A. BURIAL CHEMA TION, REMOVAL Specify 4C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Surial mean DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 26638

correct age is espective important. Physicians: please write the causes of death clearly and levely.

# SCARCH

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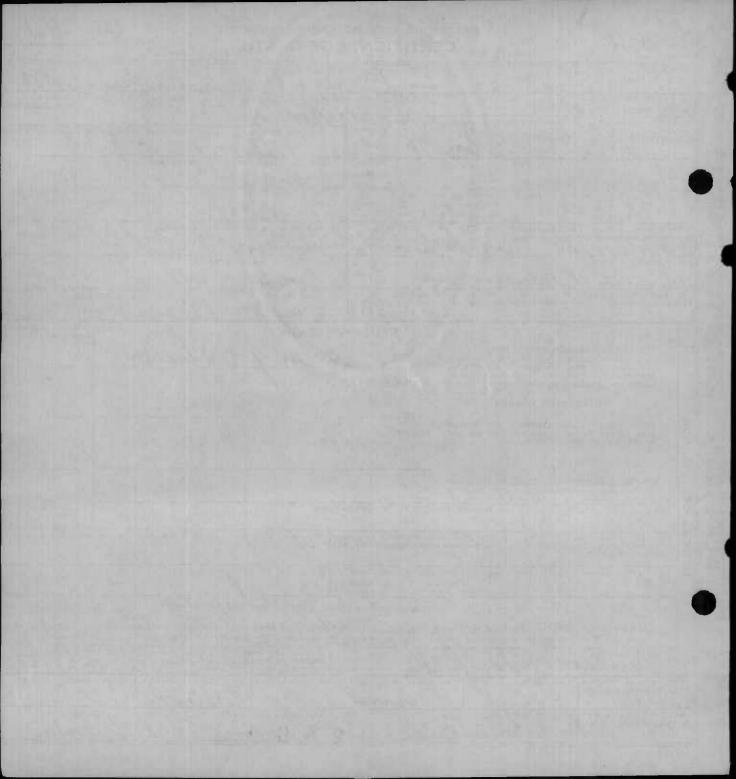
IMORE CITY	HEALTH	DEPARTMENT	
ERTIFICA	TE OF	DEATH	Registered

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	NAME OF DECEASED ype or Print) M. 200	,	OF DEATH 3 X	1/27			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address or	M	d	0 0			
	OSPITAL OR University of nd. location)	7	outside corporate lim to	rite RURAL and give township)			
	V (		allo				
	Yrs. Mos.	100 - D	rural, give location)	DE LA COMPANIE DE LA			
11	Length of stay in Baltimore Days	1837 120					
17	SEX 6.COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8/10/1871	9. AGE (In years   Month	et l You H Under 24 Hours Es Days Hours Min.			
10 wor	A. USUAL OCCUPATION (Give kind of the kind	11. BIRTHPLACE (State or fo	meign country) 12	CITIZEN OF WHAT COUNTRY?			
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AMA				
	John W. Johnson	Solitia L.	Callett				
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL a, no.or.unknown)   (If yes, give war or dates of service)   SECURITY NO	IT. INFORMANT	ADD	RESS			
(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	W. Warran ranc	L Va. 1837 B	olton J.			
	18. 199.8 . 154x CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		A	The second			
1	(This does not mean the mode of dying, e.g.,	cemona -	mereline				
	heart failure, asthenia, etc. It means the disease,						
1	ANTECEDENT CAUSES (Survay site: secto-sigmosd)						
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING						
1	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
2							
RTIF	II (C)						
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			The Prince			
Ü	TO THE DISEASE OR CONDITION CAUSING IT.						
بدا	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
DICA	ALL ASSIDENT CHICIPS AND DIAGEOUS IN HIRVA	Las Wilens Din	S in Daltimon City mine	YES NO			
IEDI	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., c		f in Baltimore City, give	e exact location)			
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
	OF INJURY  WHILE AT NOT WHILE  MORK AT WORK						
		1150 10	3/21/7-019 1	1 1 1			
1	22. I hereby certify that I attended the deceased from 3	red at 3:30 P-m. from ti	, 10,	hat I last saw the			
	deceased alive on 1900, and that death occur	3B. ADDRESS	he causes and on the	date stated above.			
110	to want Veralland	(1 As 1 2) (1 - Ta)+	Mrs. toll	2 all X			
2	M. D.    4A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETE	RY OR CREMATORY 24b. LO	OCATION (City, town, or	county / (State)			
	REMOVAL (Specify) 3/24/5		Balto. m				
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		DDRESS			
	OCAL REGISTRAR	AM Call	1202512	0.7			
M	AR 231950 1 300 A 7 5 0 6 1 7 1	m- room (Auc.)	21/ VT. / au				
	VS 150	M	1/-	65			

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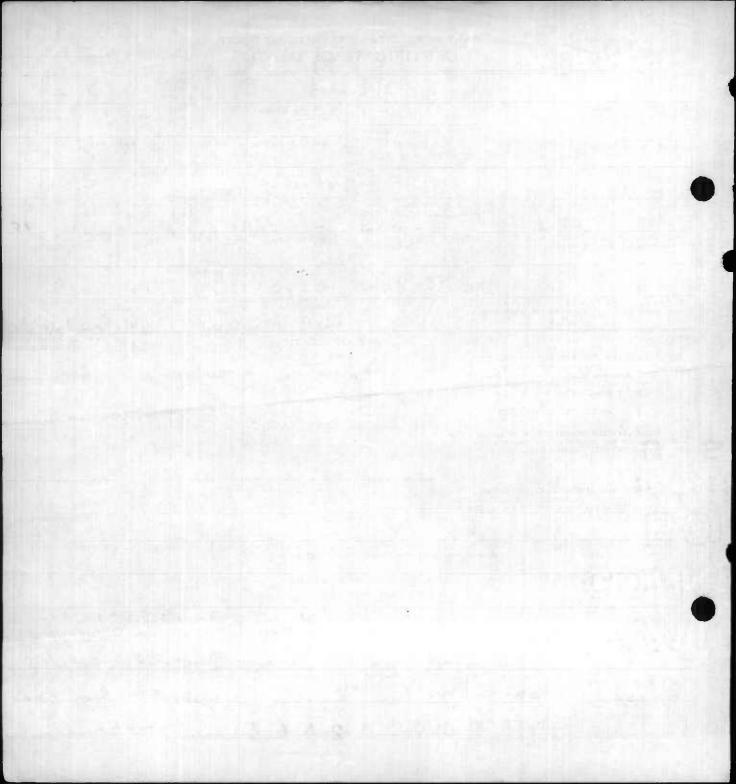
De Downeat File 50 - 7656

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution ; residence 3. PLACE OF DEATH: before admission) B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limit write RURAL and give INSTITUTION township) (If rural, give location) Yrs. O. STREET ADDRESS Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED, MIDOWED, DIYORCED (Specify) If Under 1 Year 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years should be last birthday) Months: Days Hours: Min. LA BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 108 KIND OF BUSINESS OR work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Joreman C 14. MOZHER'S MAIDEN NAME 13. FATHER'S NAME informatio TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no pr unkoown) (If yes, give war or dates of service) -01-0232 Wers 52050 INTERVAL BETWEEN CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY onary LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 田 and douth in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23c. DATE SIGNED 234. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. M age ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 240/LOCATION (City town, or county) BURIAL. CREMA-24c. NAME OF CEMETERY OR CREMATORY 248. DATE TION, REMOVAL (Specify correct 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY VS 151



BAUMANN BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY, before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITA C. CITY OR TOWN carefully INSTITUTION ownship) Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. namas 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Cut Olemon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Trank 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes. no or unknown) SECURITY NO. DHAS HOPKINS HOSPITAL item of in none INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION # 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 3-18-50 worln 21B. PLACE OF INJURY (e. g., fa or 21C WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, (Iff in Baltimore City, give exact location) HOMICIDE (Specify) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from\_ , 19\_\_, to\_\_ , 19 ...., that I last saw the deceased alive on. . 19\_ \_\_\_, and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JUANS HOPKINS HOSPI 24A. BURIAL, GREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) TION, REMOVAL (Specify) 3-24-571 Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

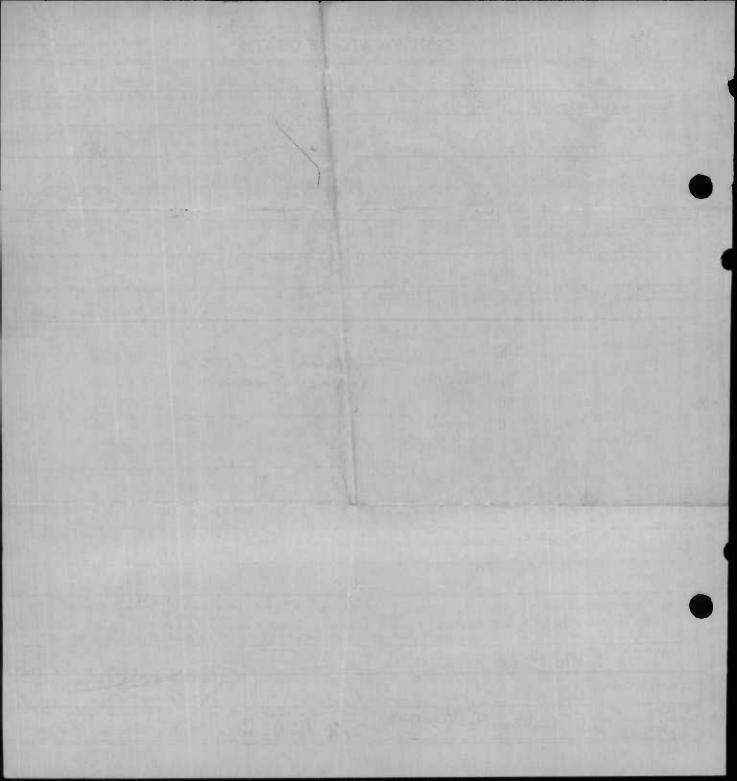
2659 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 0-06620 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mc CheLLAn OF 3-21-50 supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) DECOURS 105 DITAL TIMOR Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore KosedALE Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE BIRTH 9. AGE (In years) Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. white 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? death 13. FATHER'S NAME informatra s of death 14. MOTHER'S MAIDEN NAME LeLLAN GEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Every item of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES UNFADING INK. Physicians: please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 important. NO X 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from march 21, 1950, to march 21, 1952, that I last saw the RITE is espe deceased alive on Inch 3/ 1950, and that death occurred at 2:55 Pem., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED W M. D. PLEASE correct age 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY FUMERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2660 50 Registered No .\_\_

-	RIH NO.				
	NAME OF DECEASED  ype or Print) JOHN HDWARDS			2. DATE OF DEATH March ]	L8, 1950
	PLACE OF DEATH: Baltimore City, Maryland	A	A. STATE	E (Where deceased lived. If ins	
B.	FULL NAME OF f not in hospital or institution, give st		Maryland	476	
	STITUTION	10000000	CITY OR TOWN	(If outside corporate limits, v	write RURAL and give township)
1	Provident Hospital		Baltimore		
		Yrs. Mos.		(If rural, give location)	
	Length of stay in Baltimore	Days	414 Orchard		
5.	SEX   6. COLOR OR RACE   7. SINGLE. MARRIE   WIDOWED, DIVO		7/10// R 70		dei I Year   If Under 24 Hauts hs Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUS	NESS OR P	1. BIRTHPLACE (State	e or foreign country)   12	CITIZEN OF
rork	done during most of working life, even if retired)	INDUSTRY	rounds	J. J.	WHAT COUNTRY
13	Han up. Man   Horne	1	4. MOTHER'S MAIDE	N NAME	
13	ind Current		· Mother's WAIDE	N NAME	
			enter	roun.	•
Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC SEC (If yes, give war or dutes of service)	URITY NO.	7. INFORMANT, Esse Flur	0 1 - 1 17 2 0 -	broe das st
	18. 442 X	CAUSE OF	E DEATH	000	INTERVAL BETWEEN
	//~ / 1	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Lluba	1	1-	
	(This does not mean the mode of dying, e.g., (A heart failure, asthenia, etc. It means the disease,	,	slensur	a aso	••
	injury or complication which caused death.) DUE	TO Vasco	ular disea	ise	
	ANTECEDENT CAUSES				
,	(B	*********************************			
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE PUE	то			
ATION	UNDERLYING CONDITION LAST.				
RIFIC					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
	TO THE DISEASE OR CONDITION CAUSING IT.	C OF OPERAT			1 00
,	19A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERAT	100		20. AUTOPSY?
AL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF IN	11110 / (n = in n=	1 21c. WHERE DID	(If in Baltimore City, give	YES NO X
EDIC	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING bout home, farm, factory.	treet, office blug., etc.)	INJURY OCCUR?	(it in Baitimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJU	RY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
-1	OF INJURY WHILE AT WORK	NOT WHILE			
	22. I certify that I took charge of the remains		ve held an Inqui	iry & Inspection	thereon and from
			Auto	psy, Inspection or Inquiry	
	the evidence obtained by said Autopsy, Instant and death in my opinion resulted from: na	pection or Inq tural causes 🛣	uiry, find that sai L accident [], suic	d dcceased died on the cide □, homicide □, und	day stated above, letermined $\square$ .
	23A. SIGNATURE McClaffint	M.D.	238. CHIEF MEDIC ASSISTANT MEDIC MEDICAL INVESTI	AL EXAMINER	ch 21. 1950
24	A. BURIAL, CREMA- 24B. DATE / 24C. NAM) N. REMOVAL (Specify)		the state of the s	D. LOCATION (City, town, or	
110	N. HEMOVAL (Specify) 3/25,50 milit	Mulie	oru 1	Ball on	re hed
DA	TE RECEIVED BY   REGISTRAR'S SIGNATURE	14 2			DDRESS
LC	CAL REGISTRAR	DI A	5-bell 2	12 Kan 6614	1. Bano
M	11/2/200		a moure	a lee on	000
VIC	151			0 1	C. all



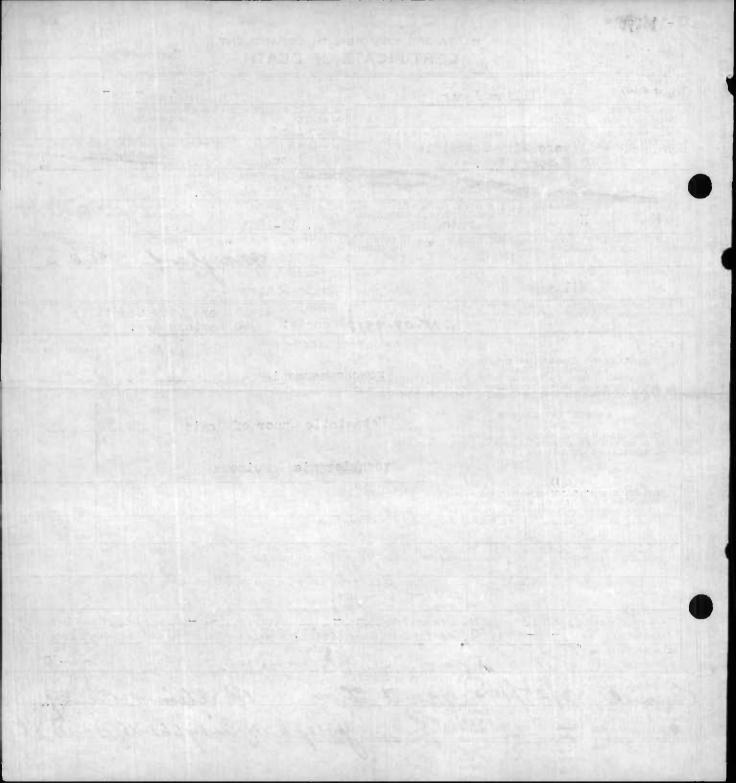
correct age is especie<sup>11</sup>y important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2661

Registered No.\_\_\_\_

В	IRTH NO.		01.		E OF BEATTI		
	NAME OF D Type or Print)		iam Jones			2. DATE 3- 2	0-50
Α.		City, Maryland			4. USUAL RESIDENCE A. STATE	DEATH	
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern		9 19 1		(If outside corporate limi	ts, write RURAL and give township)
7	1	17-10 = ABUCTI		Yrs. Mos.	D. STREET ADDRESS (		1
	Length of s	tay in Baltimore	Life 7. SINGLE, MAR	Days	1016 Appleton		If Under 1 Year   If Under 24 Hours
	M	N	Married Married	VORCED (Specify	Aug. 12-1881	last birthday) M	onths Days Hours Min.
wor!	k done during most	CUPATION (Give kind of of working life, even if retired)	DEPT. J	INDUSTRY	11. BIRTHPLACE (State or	reforeign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	William			14. MOTHER'S MAIDEN	ME	
15	. WAS DECEASE	ED EVER IN U. S. ARMEL	) FORCES?   16. S	OCIAL	Annie Dutton		DDDEEC
(Ye	s, no or nnknown)	(If yes, give war or date	1 4 4	F-09-99/	Records: 4940	more Vity Hos Eastern Ave.	pital's
NO	heart failt injury or	SE OR CONDITION LEADING TO DEA's s not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAUS	TH  of dying, e.g.,  ns the disease,  caused death.)  ESS	(A) Bronc	of DEATH hopneumonia	Brain	ONSET AND DEATH
RTIFICATION	RISE TO 1	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE	Bronch	niogenia Carcinom	ıa.	
Ш	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATED				
AL C		OF OPERATION 1	98. MAJOR FIND	INGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF about home, farm, fact	FINJURY (e. g., ery,street,office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE A WORK	NURY OCCURE NOT WHILE		RY OCCUR?	
22. I hereby certify that I attended the deceased from 2-28-, 1950, to 3-20-, 1950 that I le deceased alive on 3-20-, 1950 and that death occurred at 11.40AM., from the causes and on the date sto							he date stated above.
	23A. SIGNA	TURE	Totan	M. D.	238. ADDRESS 1940 Eastern Ave		3-20-50
TI	4A. BURIAL.	CREMA- Specify) 3/25/	1950 gn	ame of CEMETE		alterne	(State)
L	ATE RECEIVE	D BY REGISTRAR	77777	EME O	Joseph and	rely 6619U	Bane St
	VS 150		750	0630			472



5. FUNERAL DIRECTOR

ADDRESS

2100

DATE RECEIVED BY

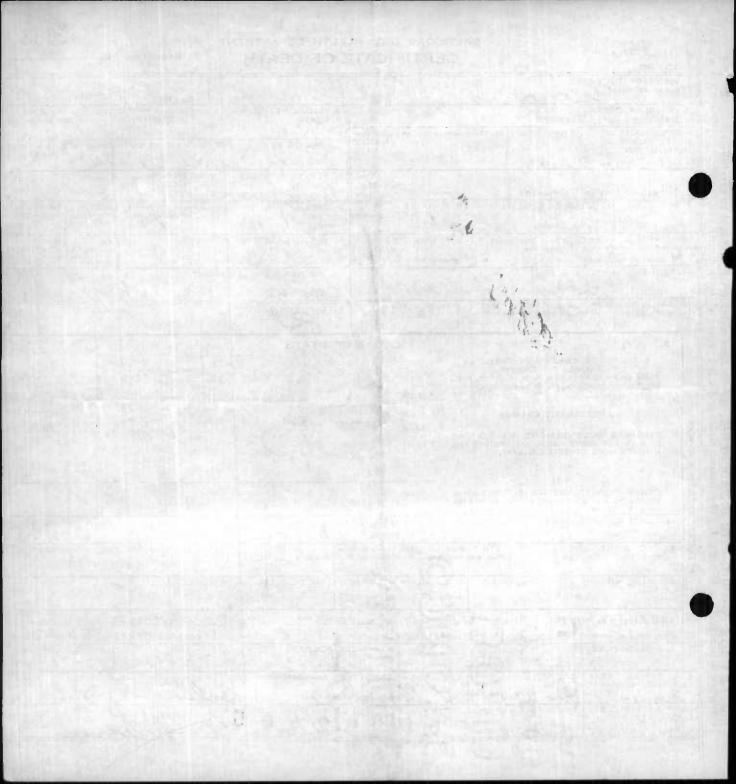
LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

135 Pare 1982

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- [	0	2663		BAI	LTIMORE CITY						2663
aur	BI	RTH NO.			CERTIFIC	ATE (	OF DEAT	Н	Register	ed No	
		NAME OF DECEASE	char	rak	i My	SS	ann	al	2. DATE OF DEATH	3-2-1	1-50
supplied		PLACE OF DEATH: Baltimore City, M.	arvland		1		USUAL RESIDE	ENCE (Wh			on; residence pefore admission)
ns	В.			al or institut	tion, give street addr	ess or	md.			policy.	
ATT.	IN	STITUTION		4 14	43.0	C.	CHTY OR TOWN	(If or	utside corporate	limitalwrite	(CRA) and give
ply	70	hurch W	g-me			Yrs. D.	STREET ADDRE	SS (If ru	ral, give locatio	71 /	
S Ca	G.	Length of stay in 1	Baltimore	La Fin		Mos. Days	511 fa	nca	sto s	X.	
and band	5.	Emale W.	R OR RACE		E. MARRIED, VED DIVORCED (S		DATE OF BIRTH	893	9. AGE (In year last birthday	Months D	ar Hours Min.
clearly	10 work	A. USUAL OCCUPATION done during most of working li	ON (Give kind of fe, even if retired)	10B. KIN	OF BUSINESS O		BIRTHPLACEX	state or fore	eign country)		TIZEN OF
~	13	FATHER'S NAME	0		none	14	MOTHER'S MA	IDEN NAM	AF.	I U	. 3.12.
death		Backe	roke	Un	chew	6	Enra.	n	lany	Konk	questi;
of	15 (Yes	WAS DECEASED EVER	N U.S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY I	NO. 17	INFORMANT			ADDRES	5
causes		18. 561.1			CAU	SE OF	DEATH	7	- 0		ERVAL BETWEEN
		DISEASE OR				-	- 17	-A (	FLA	A	SET AND DEATH
		(This does not me heart failure, asthe	NG TO DEA	f dying, e.	g., (A)	we	colino	P	menu	clien	/days
write the		injury or complication which caused death.) DUE TO									
	7	ANTEC	EDENT CAUS	ES	(B) He	mo	malN	100	nia r	A. 11	lame
plea	ATION	DISEASES OR CO RISE TO THE ABOV UNDERLYING CO	E CAUSE (A)	STATING T	NG /	20	ngul	atro	in of		
eians:	TIFIC				(C)		(/		U		
hysi	CERT	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE	DEATH, BUT	NOT RELAT	ŁD						
-	L	19A. DATE OF OPER			FINDINGS OF			1.		2	O. AUTOPSY?
ant.	CA	21A. ACCIDENT, SUI	CIDE	1 2TP PL	ACE OF INJURY	a s in or	21c. WHERE D		in Baltimore C		et location)
important.	MEDIC	HOMICIDE (Speci	fy)	about home,	farm, factory, street, office		INJURY OCCU	R?		ity, give exa	et location,
N i	H	21D. TIME (Month) OF INJURY	(Day) (Year)	(Hour)	21E. INJURY OCC	WHILE	21F, HOW DID	INJURY	OCCUR?		
5				m.	WORK LAT	WORK	1 31	2	-0 2.		
is especi		22. I hereby certif deceased alive on	y that I att	ended the	deceased from_	man	on 21, 195	to me	men 4,	19.50, that	I last saw the
s es		23A-SIGNATURE	) (1 1/1	4 9	ana that aeath		ADDRESS /	1 a	LA A		DATE SIGNED
age i		Konal	dxx	lake	М. 1		unch,	Hom	ex Hom		-21-5-0
	710	N. REMOVAL (Specify)	24B. DATE		24c. NAME OF CE	~ //		24D. LO	CATION (City,		ty) (State)
correct	D	ATE RECEIVED BY	Har 24 REGISTRAR	- 950	SI Slam	ulas 25	FUNERAL DIR	ECHOR	llema	ADDR	ESS ESS
cor		MAR 23 1950	التكرين	Log W	v. 0 9	10	Weor &	00	M	Ober	
		VS 150	- 6		7756	7	0	4		1 -	000
1	1		ESD NO		1/08	/				10	126



VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

50 2664

93)

NU	AUU'X	CERTIFICATI	F OF DEATH	Registered No	),				
BI	IRTH NO.	OEKTA TOXES	_ 01						
1.	ype or Print)	). Reed		OF DEATH MA	N21/50				
Α.	PLACE OF DEATH: Baltimore City, Maryland /307 FULL NAME OF (If not in hospital or institute)	m. meltonda	4. USUAL RESIDENCE (V	Where deceased lived. It in B. COUNTY	stitution: residence before admission)				
H	OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN	outside corporate limits,	write RURAL and give township)				
-0	0	/ Yrs.	D. STREET ADDRESS (If	rural, give location)					
D	Length of stay in Baltimore	Oyo. Mos. Days	1307 1.91	Willon Clu	l				
5.	m. WIDO	LE. MARRIED. WED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If the last hirthday) Mont	ths Days Hours Min.				
1 C	A. USUAL OCCUPATION (Give kind of LOB KIN k dopedured most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY				
13	B. FATHER'S NAME	urnner	14 MOTHER'S MANDEN N.	AME					
	aubray Ros	de	Hozephine	upton					
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nnknown) (If yes, give was or dates of service)	SECURITY NO.	12 INFORMANT	Rood Insc. F	DRESS 3104				
-	18. 420.1	CAUSE	OF DEATH	4400	INTERVAL BETWEEN				
		4	0	,	ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Conn	vary Hiper	ulmar					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  (A)  COLONIAN Throughouse  (B)  LEADING TO DEATH (A)  DUE TO  DUE TO  DUE TO								
	ANTECEDENT CAUSES	1.1 1	0	·					
Z		(B) Wyn	erelisem +	myo cardy	<b>N</b>				
ATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO		7					
FIC									
RTIF	II	(C)							
CER	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED							
AL	19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	RATION		YES NO				
EDIC		LACE OF INJURY (e. g., i e,farm,factory,street,officebldg.,		If in Baltimore City, given	ve exact location)				
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	The second secon	Y OCCUR?					
	m.	WORK AT WORK	0 40 +	- Wear ST					
	22. I hereby certify that I attended th				that I last saw the				
		and that death occur		he causes and on the					
	23A. SIGNATURE Publ	NV M.D.	6006 Eos	leru a	3/22/5				
2 TI	4A. BURIAL, CREMA- 24B DATE ON REMOVAL (Specify)	24C-NAME OF CEMETE	RY OF CREMATORY 24D. L	OCATION (city, town, o					
	Quial 1/20/00	sallmor	eum.	Dallmere					
P	ATE RECEIVED BY REGISTRAR'S SIGNAT	(URE	25. FUNERAL DIRECTOR	· · · · · · · ·	ADDRESS 2024				
1	MAR 7 3 1950 H	UUBILLA MUR (	musik Kestle	rg Jons ()	Vognost				

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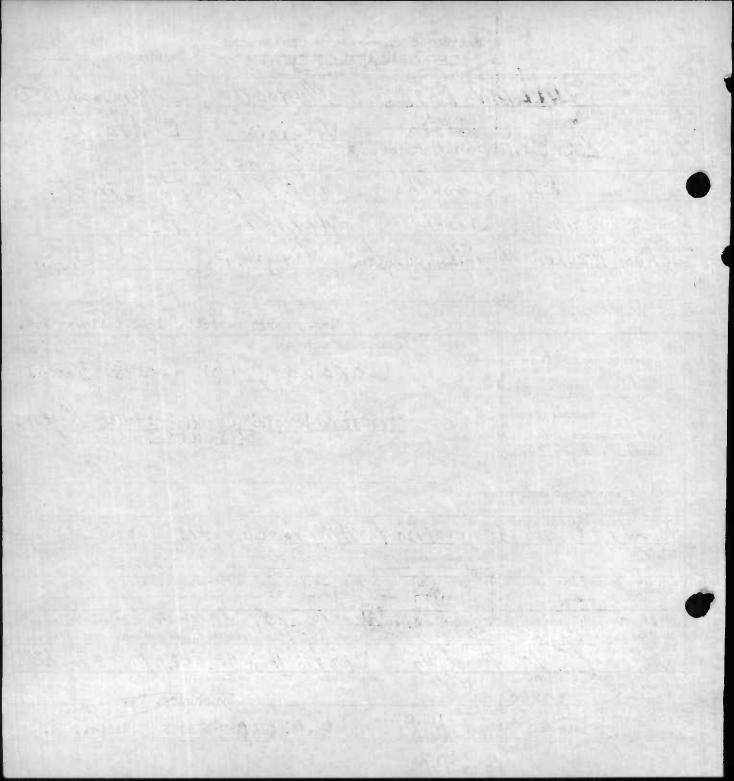
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUHAL, and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year AGE (In years | Months; Days Hours! Min. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Williamspord WHAT COUNTRY? invalid GARRETT Washington Coun 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah V. Kussler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH very the DISEASE OR CONDITION DIRECTLY Infarction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO terioscleratic Heart Discuse ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONtic Anemia, C/V. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WORK 10 1948 to March 22,1950 that I last saw the 22. I hereby certify that I attended the deceased from April deceased alive on Marsh 1950 and that death occurred at + 4 m., from the causes and on the date stated above. 23A SIGNATURE 23c, DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY JUria DATE RECEIVED BY 25. FUNERAL DIRECTOR SIGNATURE Pritchell & Sons, Inc. VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH / 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hespital or institution, give street address or Rubocation) HOSPITAL OR C. CITY OR, TOWN (If outside corporate limits, write RURAL and give INSTITUTION UYG 0 Yrs. D. STREET, ADDRESS (If rural, give location) Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 9. AGE (In years) 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify) last birthday) Months Days Hours Min. emale 1/49/e 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY school Hackey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. George Bassett 3803 Callaway Ave. NTERVAL BETWEEN CAUSE OF DEATH 20.1 the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) yteriosclerotic cardio-vascular ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Oct 26/9 49 198 MAJOR FINDINGS OF 20. AUTOPSY? 1050/070515 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or ) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE Y to March 22, 1950 that I last saw the 22. I hereby certify that I attended the deceased from Nov deceased alive on March 22 19 50 and that death occurred at m., from the causes and on the date stated above. 23c. DATE S/GNED 28 SIGNATORE lake 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Remova] Lynchburg. Va. ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Lutivalor M. G. MICKNER & SONS Balto. Md. MAR 2 3 195



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) LOUISE M. STEVENSON Mar. 22. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits wente RURAL and give INSTITUTION 1424 Dukeland St. Baltimore Vrs o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 1424 Dukeland St. Dave 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SFX H Under I Year 8. DATE OF BIRTH 9. AGE (In year last birthday) Months: Days Hours: Min. female white married Jan. 31, 1895 55 vrs. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? housewife at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Addicks Anna Hyle 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. B. L. Stevenson 1424 Dukeland St. NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. QUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK 1959, to march 22 1950, that I last saw the 22. I hereby certify that I attended the deceased from Olk !and that death occurred at 8.154 m., from the causes and on the date stated above. deceased alive on 3 21 1990 238. ADDRESS 23A. SIGNATURE 23C, DATE SIGNED 3/22/50 M. O. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUT 121 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Balto. Md. Loudon Park Cem.

25. FUNERAL DIRECTOR

TACKNER O SONS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

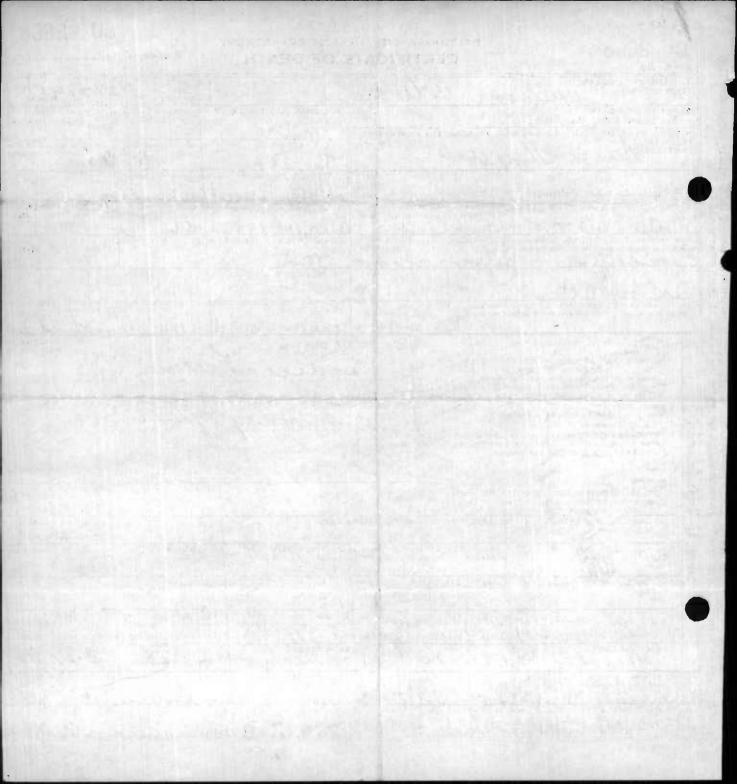
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 50-02659 I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN , (If outside corporate limits, write RURAL and give INSTITUTION township JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under ! Year | H Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH 2-9-50 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME carada 02 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. SOUNS HOPKINS HOSE, A 571.0 INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO 13 ANTECEDENT CAUSES ance 3 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK \_\_\_\_\_\_, 19\_\_\_\_\_, and that death occurred at \_\_\_\_\_\_\_, m. from 22. I hereby certify that I attended the deceased from\_ deceased alive on\_ \_m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE SOUNS HOPKINS HOSE, Immer 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS MAR 23 195 VS 150

Mr Tapach Maryi code 764.0 ti 571.0 \* BONS LANGE TO THE 5/21/5-1 1773 Elective term the colours of

MS--136328 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 50-04 I. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Keys (Beatrice) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Mos. . Length of stay in Baltimore 1203 Lexington St. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year last birthday) Months: Days Hours: Min. Male Negro Mar. 5. 1950 Single 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Queeney Beatrice Keys 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (If yee, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Prematurity heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTI H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 3-5-1950 to 3-6-. 19 50that I last saw the 22. I hereby certify that I attended the deceased from\_ 1950 and that death occurred at 8:15An., from the causes and on the date stated above. deceased alive on 3-6-23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED B.C.H. 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Cremated B.C.H. Crematory Baltimore, 24, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR huiter ton Billery VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION AND MOUNTING HOSPITA D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore AHO Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years 8. DATE OF BIRTH Il Under 1 Year last birthday) Months Days Hours Min. 3-16-50 olore 5. IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes AGENS HOPKINS HOSPITA INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH w Promeelie (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. EDICA YES 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK \_\_\_\_\_, 19\_\_\_, that I last saw the 22. I hereby certify that I attended the deceased from. 19\_\_\_, to\_ and that death occurred at 1 % Am., from the causes and on the date stated above. deceased alive on\_ . 19\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JUHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24c. (State) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE **ADDRESS** LOCAL REGISTRAR hutwator VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2672 50 Registered No.

BIRTH NO. 08 -63 403						
1. NAME OF DECEASED (Type or Print)  W:77:	am Edward Mc Caj		2. DATE OF Manage 7	1 7050		
3. PLACE OF DEATH: A. Baltimore City, Maryland	an Buwaru me cal	4. USUAL RESIDENCE (Wh				
B. FULL NAME OF (If not in hospital or inst	itution, give street address or	Maryl and	B. COUNTY	before admission)		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If or	utside corporate imits, wri	te RORAL and give		
The Johns Hopkins		Baltimore		township)		
David	our & 20min. Mos.	D. STREET ADDRESS (If ru	ral, give location)			
WILL WILL	GLE, MARRIED, OWED, DIVORCED (Specify) ng le	8. DATE OF BIRTH	9. AGE (In years   H Under   Months	Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign country)   12.0	CITIZEN OF		
Infant	INDUSTRY	Baltimore, Maryl	and	WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
James Edward Mc C		Myra Black	ston			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or nnknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records				
heart failure, asthenia, etc. It means the diinjury or complication which caused d  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI	(B)	ivalism of me	,			
TRIBUTING TO THE DEATH, BUT NOT REI	LATED					
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION	alaur ti atri	20. AUTOPSY?		
□ HOMICIDE (Specify) about ho	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., o					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?			
22. I hereby certify that I attended to deceased alive on March 14, 1950	the deceased from Mar	ch 14, 1950, to Mar	ch 14, 19 50 the	it I last saw the		
23A. SIGNATURE	2, and that death occur	3B. ADDRESS		c. DATE SIGNED		
William Z. Han	mann M. D.	601 N. Broadway	Ma	rch 16.1950		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY-OR CREMATORY 24D. LOC	CATION (City, town, or co	unty) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR'S SIGNAL REGISTRAR	Hia Q Sin 1	25. FUNERAL DIRECTOR	ADE	DRESS		

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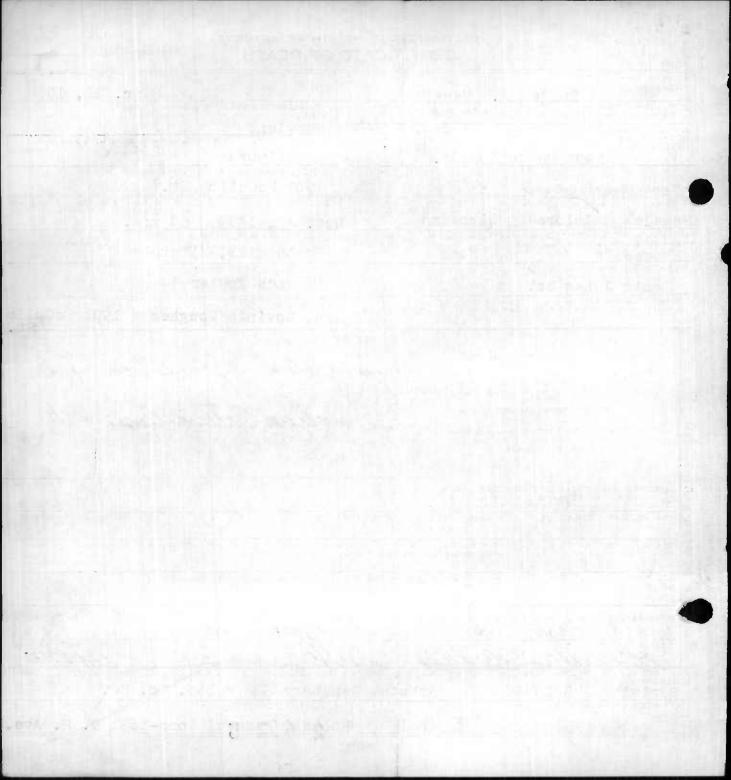
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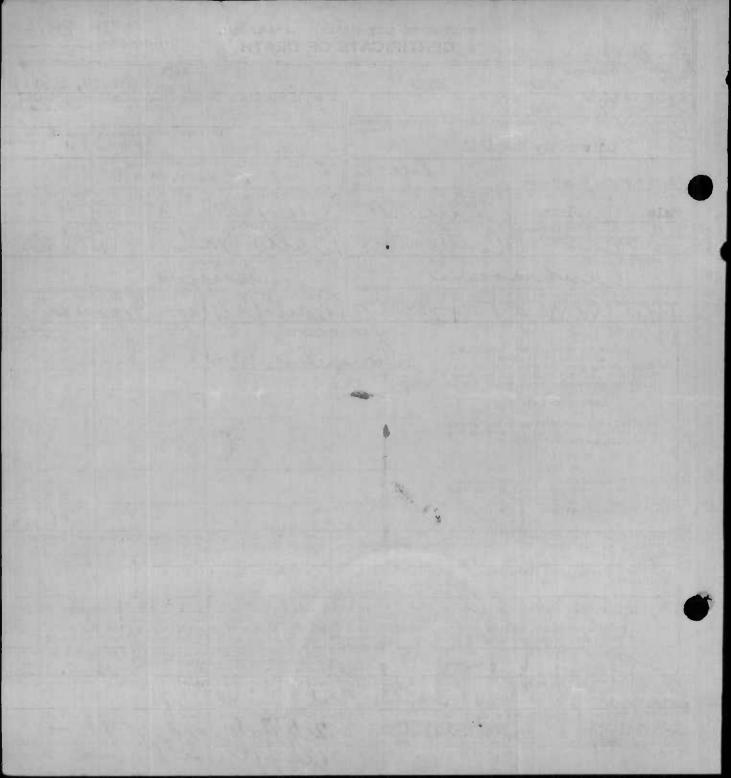
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2673

Registered No. 1. NAME OF DECEASED 2. DATE Maude J. Macklin DEATH Mar. 20, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Baltimore A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore 1901 Mc Culloh St. o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1901 McCulloh St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIYORCED (Specify) Colored Divorced Female Oct. 17, 1889 60 vrs. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? South Hill, Virginia Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Fowler Louis Jones Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, pn pr upknown) (If yes, give war pr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, pn nr upknown) SECURITY NO. Mrs. Lovinia Dougherty 1901 McCullo INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) HOMICIDE about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE . 1950 to 3 . 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ , 1930, and that death occurred at 5:00 p.m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 24B, DATE Arbutus Cemetary Balto. Co. Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Holdand Funeral Home-1631 D. H. Ave.



1.	RTH 2074 CERTIFICATE	E OF DEATH Registered No.						
	NAME OF DECEASED (Sype or Print) JAMES HURD	2. DATE OF DEATH March 19, 1950						
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 11f not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: reside: A. STATE B. COUNTY  before adm						
H	OSPITAL OR location) University Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL at town						
c.	Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  208 W, Pleasant Street						
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Nonths Days Hours						
1 C	OA. VBUAL OCCUPATION (Give kind of 10g. KIND OF BUSINASS OR MODUSTRY	11 BIRTHPLACE (State or foreign quintry) 12. CITIZEN OF WHAP COULD						
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL spho or unknown) (If yea, give war or dates of service) SECURITY NO.	Poul Colui- 4 Houses						
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	seative Heart hilm						
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOP.						
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	YES N						
EDICA	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., et CAUSE OF DEATH.	sk.) INJURY OCCUR?						
51	OF INJURY  WHILE AT NOT WHILE AT WORK  AT WORK							
Σ	m.   work L AT WORK L							
M	22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated as $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$						
25	22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated of the day stat						



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151	2678	3	BA			ALTH DEPART		Danistan	A NI.		
В	CERTIFICATE OF DEATH  Registered No.										
	1. NAME OF DECEASED (Type or Print) Hattie Z. Baum					2. DATE OF DEATH 3/21/50					
Α.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission					
II H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1112 S. Carey St.										
	Length of s	tay in Baltimore	D. STREET ADDRESS (If rural, give location)  1112 S. Carey St.								
	Femala W. WID		7. SINGL WIDOW	GLE, MARRIED, OWED, DIVORCED (Specify)		March 2, 1868 9. AGE (in years last birthday) Mc				If Under 1 Year on the Days Hours Min.	
WOL	10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if ratired)		10в. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZ WHA	EN OF T COUNTRY	
11	3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAMI	-				
15 (Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT	Grace	Smith,	ADDRESS 1112 S	.Carey	
CERTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH OF CONDITION CAUSING IT.					slijed a	Yey	elen		λ,	
AL	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION							20. YES	AUTOPSY?		
MEDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or long) 21C. WHERE DID (If in Baltimore City, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							y, give exact	location)		
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY   WHILE AT   WORK				CURR WHILE WORK						
TI.	22. I hereby certify that I attended the deceased from deceased alive on 21p 22. and that death occur 23a. SIGNATURE  24a. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETICAL REMOVAL (Specify)  BUTIAL 3/24/50 Loudon Park  DATE RECEIVED BY  COCAL REGISTRAR  REGISTRAR'S SIGNATURE  AND 3/24/50 LOUDON PARK  COCAL REGISTRAR					red at Yi30Pm.,	from the 240. LOC. 3801	causes and on Arc Arion (City, to Frederic, 410)	m the date s  23c. Do  3 2  wn, or county  ADDRES	tated above ATE SIGNED  (State  Balto.	
	VS 150					6 0/1	0		131		

Harrist Land Land Control · THE CONTRACTOR OF CARE the bound of still Terror 2, Table 1, 2 More TO STATE OF THE ST wearth stellars west. For the description of the . O HOLD BURGEDON LONG 

SELECTION OF THE LET CO

22. I hereby certify that I attended the deceased from Dec. 29

SIGNATURE

24B. DATE

3-24-1950

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

Burial

deceased alive on March 11 , 1950, and that death occurred at 10,20 m., from the causes and on the date stated above. 23B. ADDRESS

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

2030 W.

25. FUNERAL DIRECTOR

3207 W. North Ave.

, 194k, to March 21, 1950, that I last saw the

24D. LOCATION (City, town, or county)

Baltimore,

50 2678

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

23c. DATE SIGNED

NO

(State)

YES

Allower. 2030 W Fagete St 7-97-101

THE RESIDENCE OF THE PROPERTY OF THE OWNER, CAME

BALTIMORE CITY HEALTH DEPARTMENT Registered No.-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) MITCHELL. MARTHA MONT OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE 212 Rueinen A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR SINA, 1408 PITAL location) elf outside corporate limits, write BURAL and give Baltimore BACTIMORE-Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 9. AGE (In years It Under I Year It Under 24 Hours Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, wen if retired) INDUSTRY HOUSEWILL 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO anhosis of Liver ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE deceased alive on 3.21. 23A. SIGNATUR Luci Hospital - Balleriore 24A. BURIAL, CREMA-

22. I hereby certify that I attended the deceased from 3.9.10, 19, to 3.21. , 1950, that I last saw the 1950 and that death occurred at 7.50 p.m., from the causes and on the date stated above.

20. AUTOPSY7

before admission)

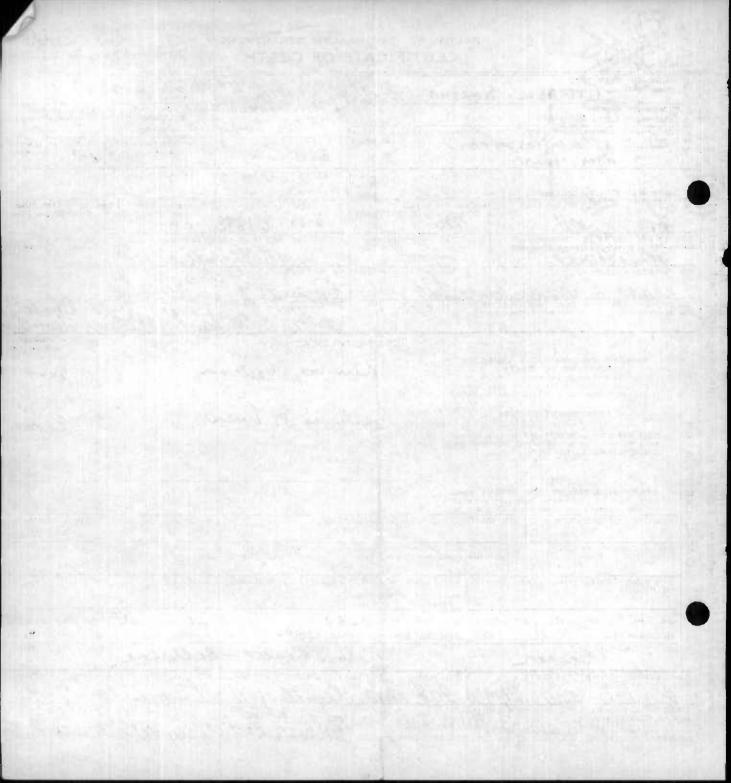
WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

township)

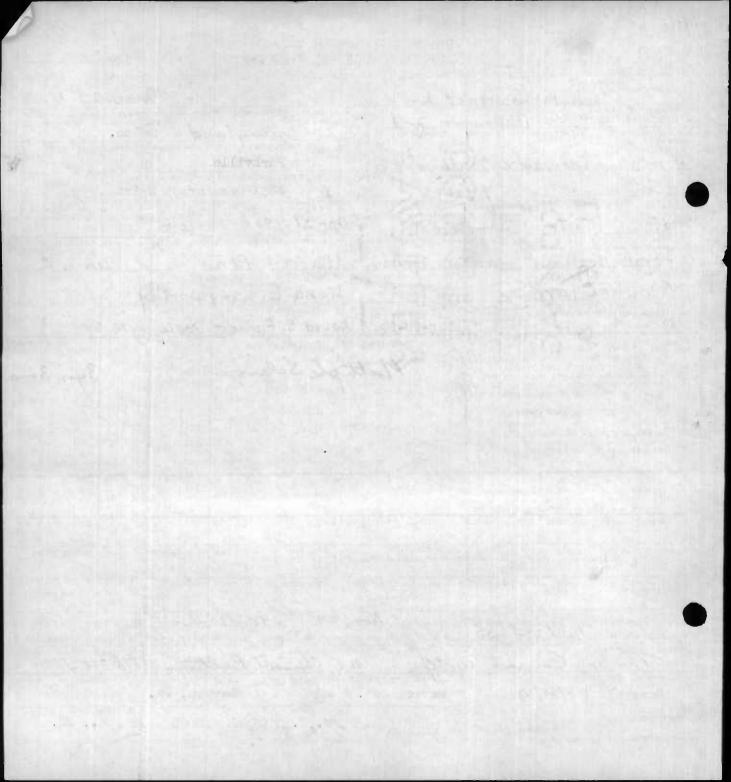
25. FUNERAL PIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE



2682 BALTIMORE CITY HEALTH DEPARTMENT 2683 CERTIFICATE OF DEATH Registered No. BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF lark, mahaurence h. DEATH Mac - 22 - 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. It institution: residence A. Baltimore City, Maryland Baltimore, Ind B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY Balto. location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION for Incurables 700 la - 40th St Parkville egibly. Yrs. o. STREET ADDRESS (If rural, give location) Mos. 3027 Oak Forest Drive Length of stay in Baltimore years Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min male apr-21-1906 married clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY air craft Tech. Aircraft Service Warren Cenn 14. MOTHER'S MAIDEN NAME death 70ble ark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. yes\_ 78-09-9003 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 21c. WHERE DID 218. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT 1948, to Manh 22 = , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Nov. 24 deccased alive on Tanl 22-, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2 24A. BURIAL, CREMA-24B, DATE 24C. AME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 3/24/50 Warren Cem. Warren. Pa. Removal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL RESISTAN MM. J. TICKNER & SONS Balto., Md. VS 150

caretully



# BALTIMORE CITY HEALTH DEPARTMENT

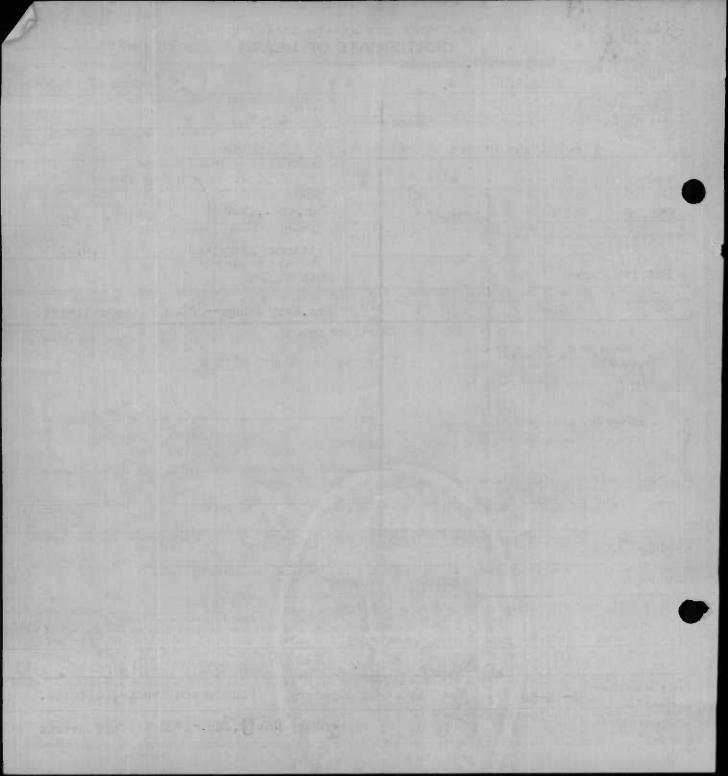
2683 Registered No.

BIRTH NO.		- W 36			OF DEAT	Н	Registered	110	
1. NAME OF C (Type or Print)	LCLASED	et V.M					2. DATE		
(Type or Frint)	(MARGAR	ET	V. (	O'CONNOR	)		OF March	20, 1950	
3. PLACE OF D	City, Maryland				4. USUAL RESIDE	ENCE (W)	nere deceased lived. I	f institution : residen before admis	
B. FULL NAME		al or institut	ion, give st	reet address or	Maryl	and	B. COUNTY	before admir	33101
HOSPITAL OR				location)	C. CITY OR TOWN	(If o	utside corporate lim	its, write RURAL and	d giv
Marifolion	3026 Mathews	Stree	t		Balti		-	town	nship
				Yrs.	o. STREET ADDRE	ESS (If r	ural, give location)	dir. str.	
c. Length of s	stay in Baltimore		Life	Mos. Days	to make a		shington Sta	reet	
SEX	6.COLOR OR RACE	7. SINGLE	E, MARRIE	D.	8. DATE OF BIRTH	1	9. AGE (In years)	It Under 1 Year   If Under 2	4 Hour
Female	White			RCED (Specify)	Jan.4thI	1913	7 38 (37)	t Under 1 Year It Under 2 Onths Days Hours	Min
10A. USUAL OC	CUPATION (Givekindof	Divo:	OF BUSI	NESS OR	11. BIRTHPLACE			2   16	
work done during most	of working life, even if retired)			INDUSTRY				WHAT COUN	ITRY
Housew:					Baltimore,			U.S.A.	
Patrick					14. MOTHER'S MA		ME		
				1	Ruth Mulle	n			
(Yes, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOC	URITY NO.	17. INFORMANT			ADDRESS	
7/0	None		3		Mrs.Mary R	unge	3026 Mathe	ws Street	
Z DISEASE.  O RISE TO TO THE OO THE O	SE OR CONDITION LEADING TO DEA'S s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS. IT THE ABOVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDITION TO THE OBATH, BUT DISEASE OR CONDITION OF OPERATION	TH  of dying, e. g.  ns the diseas  aused death  SES  F ANY, GIVIN  STATING TH.  ST.  TIONS CON  NOT RELATE  CAUSING I	(B) (B) (C) (C) (C) (C) (C)	Funct	ional heart	diseas	5e	20. AUTOPS	DEAT Y?
21A. EXTERN PRIMARY MICAUSE OF C	NAL CAUSE WAS OR CONTRIBUTING DEATH.	21B. PLA	CE OF IN	JURY (e. g., in treet, office bldg., et	or 21c. WHERE D	ID (If	in Baltimore City,	give exact location)	
210. TIME ( OF INJURY	(Month) (Day) (Year)		VHILE AT WORK	NOT WHILE	D 21F, HOW DID	INJURY	OCCUR?		-
the cvi	1701	said Auto	psy, Insprom: nat	peetion or In	aquiry, find that  ☐, accident ☐, accident ☐, accident ☐, accident ☐, accident ☐, accident ME	said dee suicide [ DICAL EXEDICAL EXESTIGATO	spection or Inquiry eased died on the property of the control of t	undetermined []. BC. DATE SIGNED BC. 195	bove 50
Burial DATE RECEIVED	3-25-50	N	ew Cat	hedral C	emetery	Edmon	dson Avenue	,Balto:Md.	ate)
LOCAL REGIST	D BY REGISTRAR'S	100 1 1 1	0 0	0 0	25. FUNERAL DIRECTOR		1735 Harf	ord Avenue	

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clearly

death

causes

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who supplied. The

important. Physicians: please write the causes of death clearly

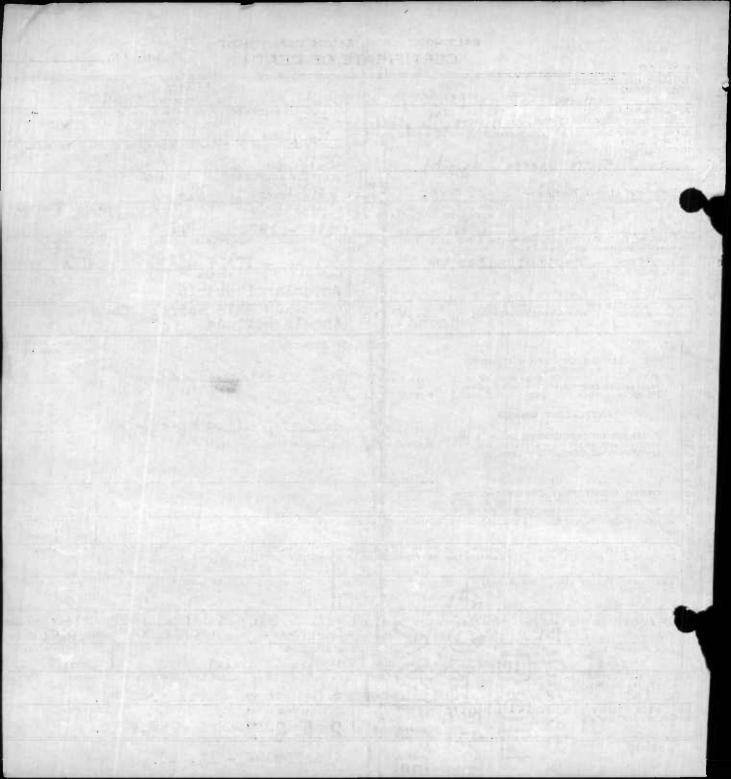
## BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE - 13, MD.

l				CERTIFICAT	E OF DEATH	Registered	No.
	IRTH NO.						
1.	NAME OF D		- /	ANTHONIA DOM	mon m	2. DATE OF	alc
3	PLACE OF D	Antonio Kot	lone !	ANTONIO BOT	TONE)   4. USUAL RESIDENCE (	Where deceased lived I	11150
A.	Baltimore (	City, Maryland	Saltimor		A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	If autaida acumenata lim	the Park A
_	STITUTION	15	1 11	.1.	II A .	O _	its, write RURAL and give township)
7	buth Sal	timore Gener	al Hos	Yrs.	Baltimore	f mural mina la sation	0.2
H.	Tanada as a	to D. 11:	55	Mos.		f rural, give location)	
	Length of S	tay in Baltimore		YIS. Days	8. DATE OF BIRTH	9. AGE (In years)	M Under 1 Year 1 M Under 24 Hours
	An I	O. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	1	last birthday)	Ionths Days Hours Min.
-	Mole	White	Wid	NULY	1111 - 1872	1 77	
MOL	k done during most of	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
7	bremployed	- cabinet	maker		EUYOPE - ITAI	Y	USA
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	
	Dominic "	Bo Hone			Antonian Buch	nerio	
15 (Ye	MAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 231	Harford R	Oakess
,	no		,	none	Angelo Bottor		
	18. 420	0	4154	CAUSE	OF DEATH		INTERVAL BETWEEN
	1 1 "	SE OR CONDITION	DIRECTIV	0/1002	O. SERTH		ONSET AND DEATH
		LEADING TO DEA	TH	Mon	trinoche y	5. 7/m	4
	heart failu	re, asthenia, etc. It mes	ans the diseas	se, 0			······
	injury or	complication which	caused death	.) DUE TO MIL	ense.		
		ANTECEDENT CAUS	SES	es.	1.0	a. T.	
Z	DISEASE	CONDITIONS .		(B) / Oll	Mesallyes	encens -	
Ĕ	RISE TO T	OR CONDITIONS, I	STATING TH	HE DUE TO	clusis.		
S	UNDERLY	ING CONDITION L	AST.				
RTIFICAT				(C)			
E	OTHER S	II IGNIFICANT COND	ITIONS CO				
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ŁO .			
U		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		2					YES NO
U	21A. ACCIDE	NT, SUICIDE,	218. PLA	ACE OF INJURY (e. g., i	or 21c, WHERE DID	(If in Baltimore City,	
EDICAL	HOMICIDE	(Specify)	about home, f	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21p TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	PV OCCUP?	
	OF INJURY	Month, (Day) (lear)			ZIF. HOW DID INJUR	RY OCCUR?	
7			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	tended the	deceased from 1	21 , 1950, to 3	3 21 , 195	o, that I last saw the
		ive on 321	1950	and that death occur	red at 11: 3. A. m., from	the causes and on	
	23A. SIGNAT		-		Зв. ADDRESS		23c. PATE SIGNED
	1	or lul.	Dar	M. D. \	213 Light Stre	et	32150
24	4A. BURIAL, CON, KENOVAL (S	REMA- 24B, DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
111	burial	3/25/5	0	Holy Redeem	er Cemeterv I	Baltimore,	Md.
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
L	OCAL REGIST	RAR		No Man	CHEARYOSANDER	R & SONS T	NC.
-			THE PROPERTY OF	CHARLES AND I WASTE	4-0011		
1	VS 150-	1350	10000		BATTTMODE	2 7 1/10	927

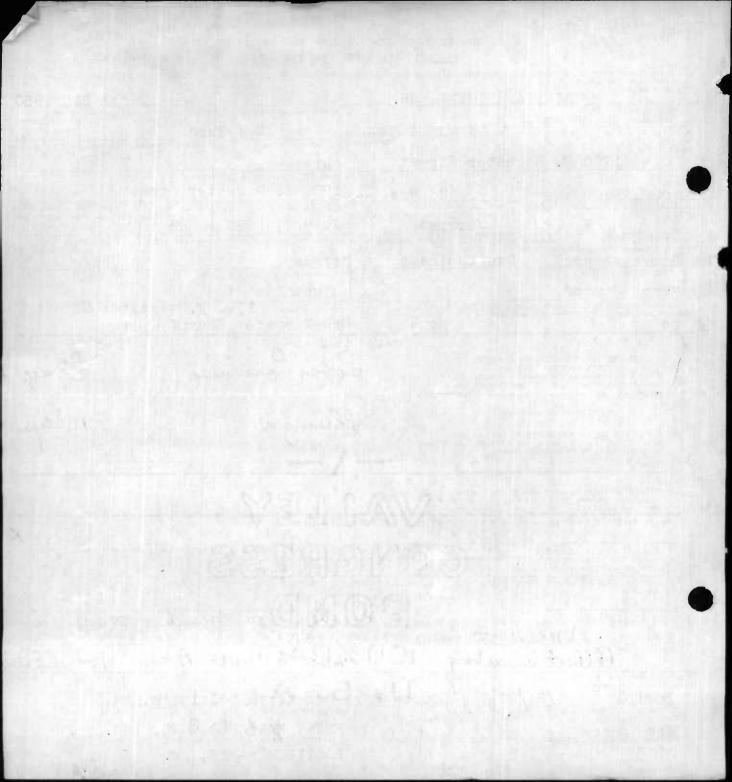


Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO.			CERTIFIC	ATE	OF DEATH	Registered	d No.
1.	NAME OF I	DECEASED					2. DATE	
(T	'ype or Print)	WITTITA	M STIIN	MPF, SR.			OF	rch 21, 1950
	PLACE OF	DEATH:	010.	27 1 3 222.		4. USUAL RESIDENCE (	Where deceased lived.	If institution: residence
_	FULL NAME	City, Maryland	ul or inetitud	tion, give street add		A. STATE Marvl	and B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in nospi	ar or mstreu		ation)			mits, write RURAL and give
	ISTITUTION	1700 N. Reg	ester	Street			6-	township)
		LIOO M. MOR	00001		Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
G.	Length of	stay in Baltimore			Mos. Days	1700 N. Reges		t
-	SEX	6. COLOR DR RACE		E, MARRIED.		8. DATE OF BIRTH	9. AGE (in years)	
	M	W	WIDOV	ried	Specify)	July 2, 1866	last birthday)	Months Days Hours Min.
10	A. USUAL O	CCUPATION (Give kind of	I IOB. KIND		OR -	11. BIRTHPLACE (State or f		12. CITIZEN OF
#OI	done during most	of working life, even if retired)		INDU	STRY			WHAT COUNTRY
13	Store		uwn bu	usiness		ermany 14. MOTHER'S MAIDEN N	AME	USA
	Henry S	Stummf					NI C	1/
1.5		ED EVER IN U. S. ARME	D FORCECS	Lie social	-	Matilda ?		
(Ye	, no or unknown	(If yes, give war or date	a of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT 1700		TADBRESS TEET
-	no			none	-	Mrs Margaret S	tumpi	
	18. 48	OX		CAL	SE C	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA				3) 0	•	0
	(This doe	s not mean the mode of	of dying, e. 1	g., (A)	<u>a</u>	orac Uniences	ue	3 days
	injury or	ure, asthenia, etc. It mes complication which c	aused death	se, ı.) DUE TD				
		ANTECEDENT CAUS	SES		01	20		0
z				(8)	my	luensa		10 deels
TION	DISEASE RISE TD	S OR CONDITIONS, I	F ANY, GIVIN	NG HE DUE TD	0	()		
4	UNDERL	YING CONDITION LA	ST.	(C)				1
FIC				(0)	***********	······································	***************************************	
RTII	OTHER	II SIGNIFICANT CONDI	TIONS on					
ᄖ	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ED				
O		OF OPERATION 1		FINDINGS OF	OPERA	ATION		20. AUTOPSY?
AL						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES NO X
DICA	21A. ACCIE	DENT WAS UNDER-		ACE OF INJURY		or   21c. WHERE DID (	If in Baltimore City	y, give exact location)
النا	LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street, office	e bldg., et	c.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRE	D 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY				WHILE		A. III	
4			m.		WORK L	0 - 0		
						erck 11, 1959 to 1		
	deceased a	live on Mardi	, 19.50	and that death	occuri	red at 615 Rm., from t	the causes and on	the date stated above
	23A. SIGNA	albert &	in he	0	23	2015 E host	A Are	23C. DATE SIGNED
2			Succes	м.	0.			march 22/10
TIC	N, REMOVAL	Specify)					OCATION (City, tov	
_	buria			Loudon F		cemetery Ba	ltimore, 1	
L	ATE RECEIVE	TRAR REGISTRAN	SSIGNATI	MIGHER MA		25. FUNERAL DIRECTOR	0	ADDRESS
_	MAR 23	1950	6	F ()	G	HENRY MANDER	& CONS, II	NC.
	VS 150	1006			1.4	BALTIMORE - 1	7 MD	5.0
1						DALITMONE - I	٠, ساللا	33a



Physicians: please write the causes of death clearly and legibly.

especially important.

correct

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5	0 26	387			EALTH DEPARTMENT	Registered N		
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0	
	NAME OF	DECEASED THER	E51	ROBERTS		2. DATE OF DEATH 3/2	2/50	
A.		DEATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If i	nstitution : residence before admission	
H	FULL NAM OSPITAL O ISTITUTION		al or instituti	on, give street address or location)	I	Sa /fire/ f outside corporate limits	, write RURAL and giv township	
).	Length of	stay in Baltimore	home	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
-	SEX	6. COLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH  June 12, 1887	last birthday) Mor	Under 1 Year If Under 24 Hours Inths Days Hours Min.	
l O work	A. USUAL	OCCUPATION (Give kind of pet of working life, even if retired)	Housew	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13	Les.	Schawfer			Hary Burg			
	WAS DEEE	ASED EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mr. Milton M.		DRESS	
	(This d	EASE OR CONDITION LEADING TO DEA oes not mean the mode dilure, asthenia, etc. It mes or complication which	TH of dying, e. g ins the diseas	(A) Ca	of DEATH		INTERVAL BETWEEN	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  CARLINAMA of Interest  UE TO							
CERTIFI	TRIBUT	SIGNIFICANT COND ING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D				
_				FINDINGS OF OPER	ention men	1	20. AUTOPSY?	
IEDICA	21A. ACCI HOMICID	DENT, SUICIDE, E (Specify)	2 (B. PLA about home, f	CE OF INJURY (e. g., is arm, factory, street, office bldg.,		If in Baltimore City, g	ive exact location)	
M	OF INJUR	(Month) (Day) (Year		VHILE AT NOT WHILE WORK		Y OCCUR?		
	4/	eby certify that I at alive on 3/72 NATURE			rred at 250 Pm., from 13B, ADDRESS	the causes and on the	Pthat I last saw the date stated above 23c. DATE SIGNED	
24 TI	4A. BURIAL	CREMA 24B. DATE (Specify)	A STATE OF THE STA	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)	

Durial 3/25/50 Parkwood Cemetery Baltimore, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

AR 2.31950 Parkwood Cemetery Baltimore, Md.

PENRY BANDER & SONS, INC.

ADDRESS

48B

2628 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF TILDA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITYOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. If rural, give location Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify) AGE (In years | K Under 1 Year | K Under 24 Hours last birthday) Months Days Hours Min. 5. SEX OF BIRTH 10A. USUAL OCCUPATION (Give find of OB. KIND OF BUSINESS OR work done during most of work in a little even identified)

INDUST BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) 8-09-(Yes, nolos nnknown) INTERVAL BETWEEN 18. CALISE OF DEATH ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, (Specify) HOMICIDE about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK . 19 J Phat I last saw the 19 500 22. I hereby certify that I attended the deceased from. Am., from the causes and on the date stated above. deceased alive on 19 and that death occurred at\_ 25A. SHONATURE 23c. DATE SIGNED 22 24 BURIAL CREMA-TION REMOVAL Specify) 24c. NAME OF CEMETER Jurual DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DDBESS LOCAL REGISTRAR

VS 150

83a

before admission)

12. CITIZEN OF

USA

ADDRESS

WHAT COUNTRY

20. AUTOPSY?

23c. DATE SIGNED

3-22-50

VS 150

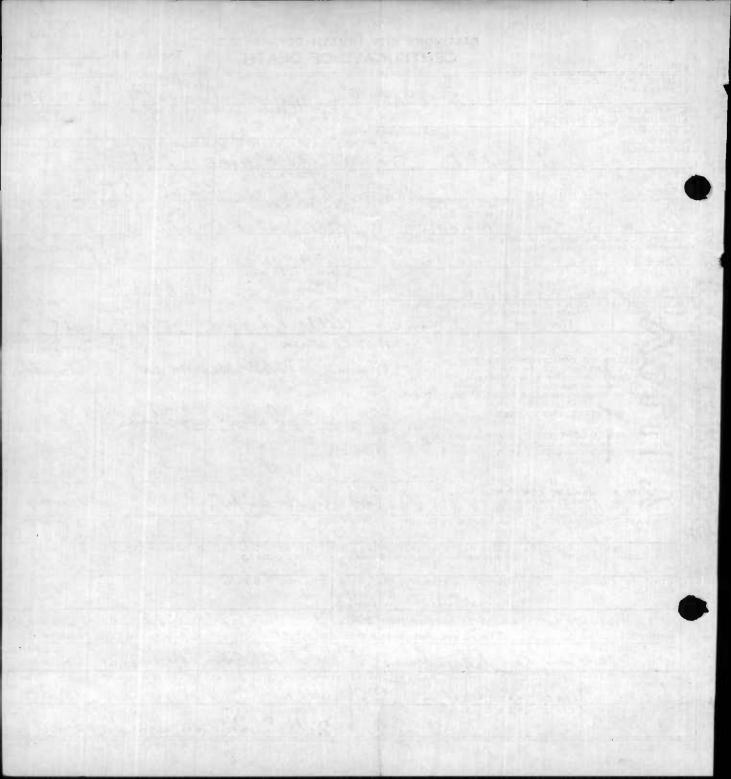
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## HOUSE TO BE ASSESSED.

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n	2690	В.		EALTH DEPARTMENT	D	
В	IRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEA	SED	0	0	2. DATE	
(1	Type or Print)	1 h = 1 mina	KRANCES A	Til inninta	OF Manal	122,1950
3	PLACE OF DEATH	i:	PARICES 1.	4. USUAL RESIDENCE (Whe	DEATH //TRC	
	Baltimore City,			A. STATE	B. COUNTY	before admission
	FULL NAME OF OSPITAL OR	(If not in hospital or instit	tution, give street address or location)			
	ISTITUTION	11110 +	4 04	C. CITT OR POWN	tside corporate limits, w	rite RURAL and give
0	0 /0/	6 W. TRAL	6 06.	DALTIMORE	110	England .
			Yrs. Mos.		ral, give location)	/
1000	Length of stay in		JAS. Days		ALT SC.	
5	SEX 6.CC	OLOR OR RACE 7. SING	SLE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   1 Under last birthday)   Months	1 Year   If Under 24 Hours
1	EMALE W	1 1 11	ARRIED	MARCh 28, 1878	71	Days Rours Min.
10	A. USUAL OCCUPA	TION (Givekind of 108, KI	ND OF BUSINESS OR	11. BIRTHPLACE (State or forei	ign country)   12.	CITIZEN OF
WOI	Huuse Wi	f = /	INDUSTRY	MARYLAND	1	WHAT COUNTRY
13	FATHER'S NAME		OME	14. MOTHER'S MAIDEN NAM	- 14	· J. H.
	()-	- 19. 1	HOLENS OF THE		5 / /	
1 1	JEOR95			MARANCES	EALL	
(Ye	e, no or unknown) (If	ER IN U.S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
	No	NONE	NONE	OTTO. KILIPPINO	1816 W. P.	RATT ST.
	18. 446	V	CAUSE	OF DEATH	7 8 70 10 10 1	INTERVAL BETWEEN
	1 / 40	R CONDITION DIRECTL		, 400	0	ONSET AND DEATH
	LEA	DING TO DEATH	Whee	na. Rephrasel	erous	2 week
	(This does not a heart failure, ast	mean the mode of dying, thenia, etc. It means the disc	e. g., (A)			7.0
		lication which caused de				
	ANTE	ECEDENT CAUSES	97.	1 0 . 1.	0.	2
Z			(B)	eranged after	Beceros	•
9	DISEASES OR	CONDITIONS, IF ANY, GIT BOVE CAUSE (A) STATING	VING THE DUE TO	U		
V	UNDERLYING	CONDITION LAST.				
FIC						
RTI		II .	(C)			
ER		FICANT CONDITIONS OF		Asmalist -		5 land
ū	TO THE OISEAS	E OR CONDITION CAUSING	IT.	500000		0 770 1
1	19A. DATE OF OP	ERATION 198. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
CA						YES NO
0	21A. ACCIDENT, S HOMICIDE (Sp.		LACE OF INJURY (e. g., i re, farm, factory, atreet, office bldg.,		n Baltimore City, give	exact location)
ME						
-		h) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY C	CCUR?	
	OF INJURY		WHILE AT NOT WHILE			
		m.	WORK AT WORK	6 1 14 50 200	- 1 22 13	
	22. I hereby cer	tify that I attended th			4 ch 22, 1950, th	
	deceased alive o			rred at 550P m., from the		
	23A. SIGNATURE		1.1.	38. ADDRESS	0.00 2:	3c. DATE SIGNED
_		new 13- ks	respect M. D.	6 6 2.1- messen	3	. 22 50
711	AA. BURIAL. CREMA	248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	ATION (City, town, or c	ounty) (State)
1	SUPIAL	MARCH 25,1950	NEW CAT	THEORAL BAL	CIMORE.	14d.
D.	ATE RECEIVED BY	REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR		DRESS
N	PAR ZESIGTEAN	It year growing still	R. 0 0 0 0	REAN OSAL	ah and the	Ederik
-		- AMERICAN STATE	State of the state	J. L. CONWI	46 2101 MR	ATTE
	VS 150	0			12	100.
ı					13	10-



2691 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) THOMAS Walter March DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF I'd not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General doa township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. Mrs - Days 1122 c. Length of stay in Baltimore Carroll 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours information should be of death clearly and WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. april 5-1882 narred 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY Watchman 13. FATHER'S NAME MOTHER'S MAIDEN NAME ws 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 1127 Every item of i CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Aneurysm of descending aorta (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ū 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Insn. thereon and from Antopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and down in my opinion resulted from: natural causes B, accident \( \square\), suicide \( \square\), homicide \( \square\), undetermined \( \square\). 23A. SIGNATURE 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL CREMA 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify

PLEASE

DATE RECEIVED BY

LOCAL REGISTRAR MAR 2 31950

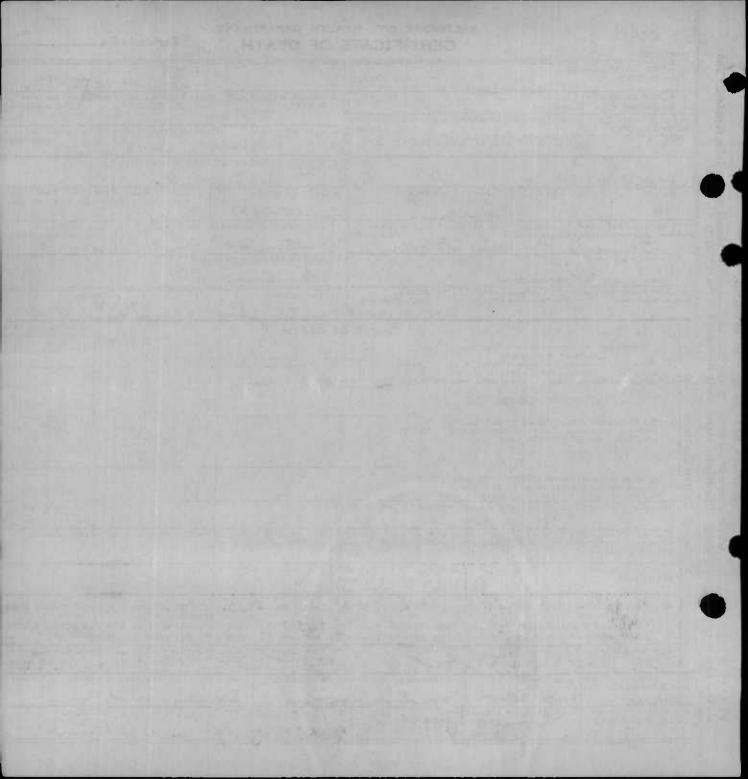
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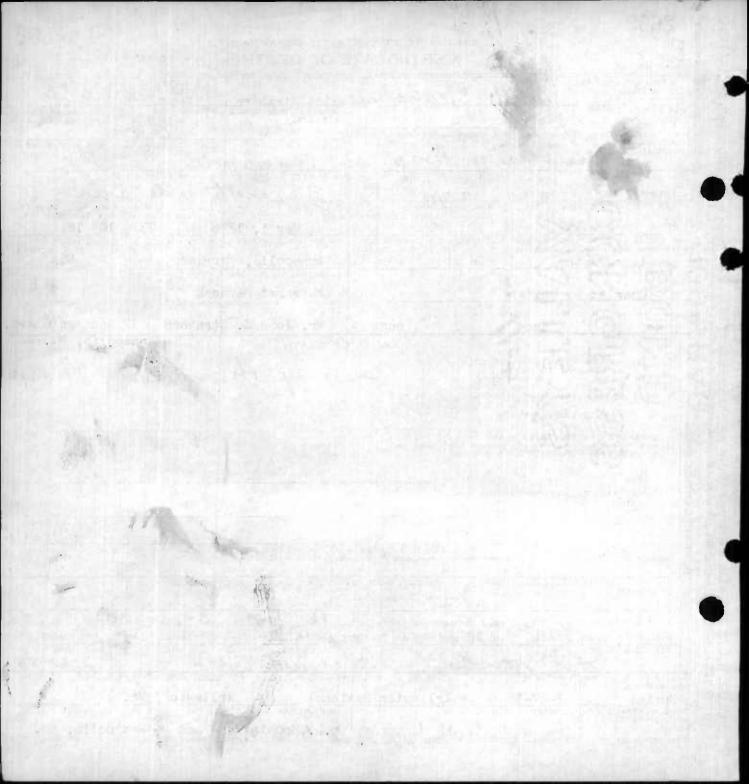
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF -23-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Ma nous Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days days should be 9 AGE (In year 5. SEX 6. COLOR OR RACE AGE (In years | Il Under I Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. Il Under 1 Year 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify May 5, 1876 10 18 clearly 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Court Annapolis, Maryland Stenographer death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Dexter Margaret Merdock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO causes 32 Southgate Ave. Mr. John S. Strahorn JO none none Annapolister Md BETWEEN y item 18. L CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, c. g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (0) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY TH INLY, WITH 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK , 19 50, and that death occurred at 1250 m. from 3 - 23 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. PLEASE WRITE correct age is esp deceased alive on 3-23 12m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 3-23-571 24A. BURIAL, CREMATION, REMOVAL (Specify) 247. DATE 24D. LOCATION (City, town, or county) Arlington National Arlington, Burial 3-27-50 DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR B. L. A Hooping and Son Annapolis. Md. VS 150



PLEASE WRITE PLAINLY, "TH UNFADING INK. Every item of informatic should be correct age is especially important. Physicians: please write the causes of death clearly and

2693

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2693 Registered No.

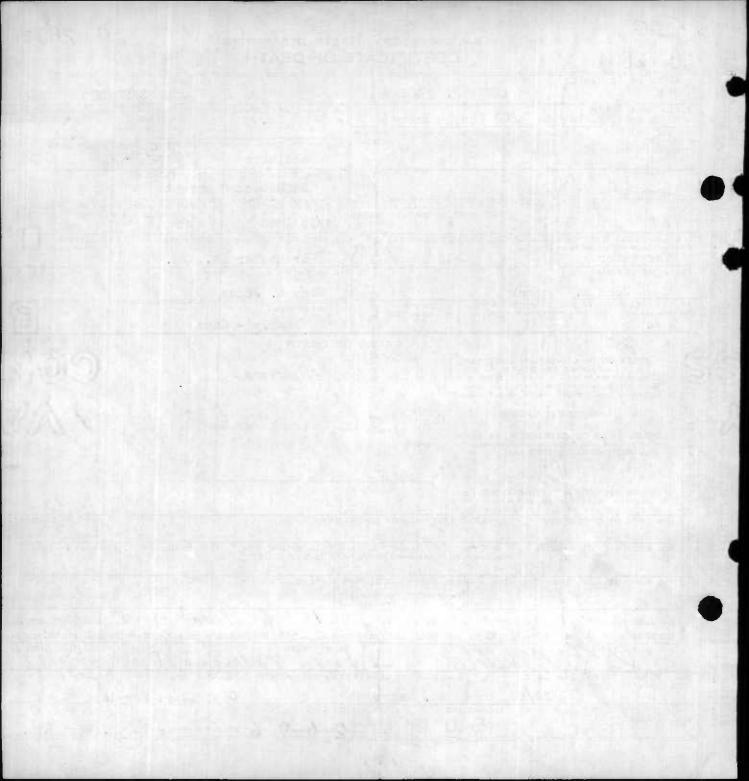
B	IRTH NO.						
	NAME OF DECEA ype or Print)		THEODOR	RE HUDNET		2. DATE OF DEATH 3/2	I/50
A.	PLACE OF DEATH Baltimore City,	Maryland I			4. USUAL RESIDENCE A. STATE	(Where deceased lived, It B. COUNTY	f institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(II not in nospit	al or institut	tion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate ami	its, write HURAL and give township)
	) 0			Yrs.	D. STREET ADDRESS	(If rural give location)	
	Length of stay i	n Paltimova		Mos.			
-		OLOR OR RACE	7. SINGL	Life Days	8. DATE OF BIRTH		Il Under 1 Year   If Under 24 Hours
	M	W	WIDOV	VED, DIVORCED (Specify)	9/22/1875	last birthday) M	onths Days Hours Min.
	A. USUAL OCCUPA k done during most of worki			OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Supt Fa			Packing Co.	Baltimore		U.S.
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Theod	lore I. Hu	dnet		Mary Dolb	V	
15	. WAS DECEASED EVI	ER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	Α	ADDRESS
(10	No	yee, give war or date	a or service)	SECURITY NO.	Family - S		
	18. 1. 1.	Y		CALIEE	OF DEATH		INTERVAL BETWEEN
	DISEASE	R CONDITION	DIRECTIV		A	1	ONSET AND DEATH
	LEA	DING TO DEA	TH	MA	lean ance or	Stonach	
	heart failure, as	mean the mode of thenia, etc. It mes	ns the diseas	se,		S.	
	injury or comp	olication which	caused deat	h.) DUE TO WIL	To metatali	L' Lever	
	ANTI	ECEDENT CAUS	SES				
Z	DISEASES OF	CONDITIONS,	F ANN 01111	' (B)	***************************************		
Ĕ	RISE TO THE A	BOVE CAUSE (A)	STATING T				
OA	UNDERLYING	CONDITION LA	AST.				
I.				(C)			
ERTIFICATION	OTHER SIGNI	II FICANT COND	ITIONS CO	N -			
CE	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED			
	19A. DATE OF OF			FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
MEDICAL	21A. ACCIDENT. S HOMICIDE (Sp	SUICIDE, pecify)		ACE OF INJURY (e. g., in farm, factory, street, office bidg., e		(If in Baltimore City,	give exact location)
三	HOMICIDE (B)	recity)	about nome,	ian m, iactor y, sweet, o mee mag., e	INSORT OCCORT		
2	21D. TIME (Mont	h) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	71		m.	WORK AT WORK	/ 21 1000	Want 21	20.1
	22. I hereby cer	tify that I att	cnded the	deceased from	red at 12.50 m., from	7000000, 198	Pthat I last saw the
	23A. SIGNATURE		D, 195 O.		3B. ADDRESS	n the causes and on t	23c. PATE SIGNED
	23A. SIGNATURE	XHI		4	436 5 AN	tane	2/22/15
2	4A. BURIAL, CREM	A- 24B. DATE	1111	24c. NAME OF CEMETE	RY OR CREMATORY   240	. LOCATION (City, town	n, or county) (State)
Ti	ON, REMOVAL (Specify	71	_				(2000)
_	B BECEIVED BY	3/25/5		Holy Cross		Baltimore	ADDRESS
	ATE RECEIVED BY	1 . 4	9 20 7 4	0 .	25. FUNERAL DIRECTO	3	ADDRESS
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carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of informatic should be correct age is especially important. Physicians: please write the causes of death clearly and

# BALTIMORE CITY HEALTH DEPARTMENT

4	BIRTH NO DE	74		CERTIFICATI	E OF DEATH	Registere	u 110.
	I. NAME OF D (Type or Print)	ECEASED	LEVIN	J. DUNNOCK		2. DATE OF DEATH 3/	22/50
a. Baltimore City, Maryland 3808 Second Street					A. STATE Md.	CE (Where deceased lived B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					c. CITY OR TOWN Baltimore	(If outside Opogae ii	mit PURAL and give township)
	c. Length of s	tay in Baltimore		Yrs. Mos. Days		ond Street	
	5. SEX M	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 4/15/1880	9. AGE (In years last birthday) 69	Months Days Hours Min.
w	OA. USUAL OC ork done during most o Carpent	CUPATION (Give kind of f working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13, FATHER'S N	IAME			14. MOTHER'S MAID		
_		hn A. Dunnocl			Mary A. Jon	nes	
C	Yee, no or nuknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family	- Same	ADDRESS
NOIT & CHILD	beart failu injury or  DISEASE: RISE TO T UNDERL'  OTHER S	SE OR CONDITION LEADING TO DEA to the mean the mode of the asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA  BIGNIFICANT CONDITIONS TO THE DEATH, BUT	TH of dying, e. ans the disea caused deat  SES F ANY, GIVI STATING T AST.	g, (A)se, se, h.) DUE TD  NG HE DUE TD  (C)	nflkseme mim An	mnh	Sym.
1	19A. DATE C	OF OPERATION 1		R FINDINGS OF OPER	ATION		20. AUTOPSY?
ACIGA		ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e		(If in Baltimore Cit	y, give exact location)
1	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK	ED 21F, HOW DID IN	JURY OCCUR?	
		y certify that I att			710 /6 , 1950, t		50, that I last saw then the date stated above.
	23A. SIGNA		helst	M. D. /	3B. ADDRESS	leam IT	3/23/50
	24A. BURIAL. C	Specify		24c. NAME OF CEMETE	RY DR CREMATORY 2	4D. LOCATION (City, to	
1-	B DATE RECEIVE	3/25/50 D BY   REGISTRAR		St. Marys	25 FUNERAL DIREC	Cambridge, Ma	ryland ADDRESS
	LOCAL REGIST		9 EU	0000	gapan L.	) =>	O E. Fort Ave.
	VS 150	- 6	7,7700	308 V	19		333



PLEASE WRITE PLAINLY, I'H UNFADING INK. Every item of informatic hould be carefully supplied. correct age is especielly important. Physicians: please write the causes of death clearly and leger.

# BRAWNER

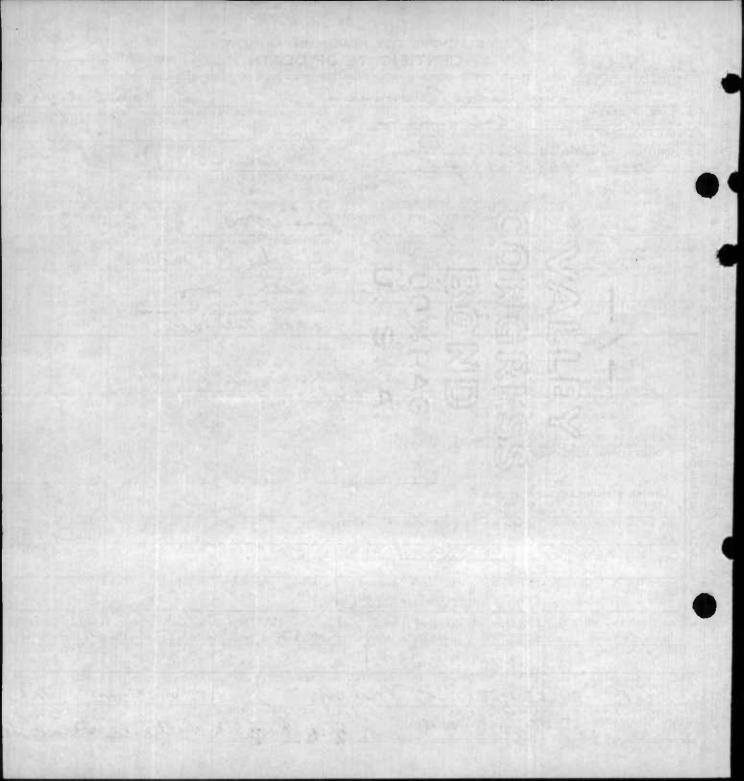
## BALTIMORE CITY HEALTH DEPARTMENT

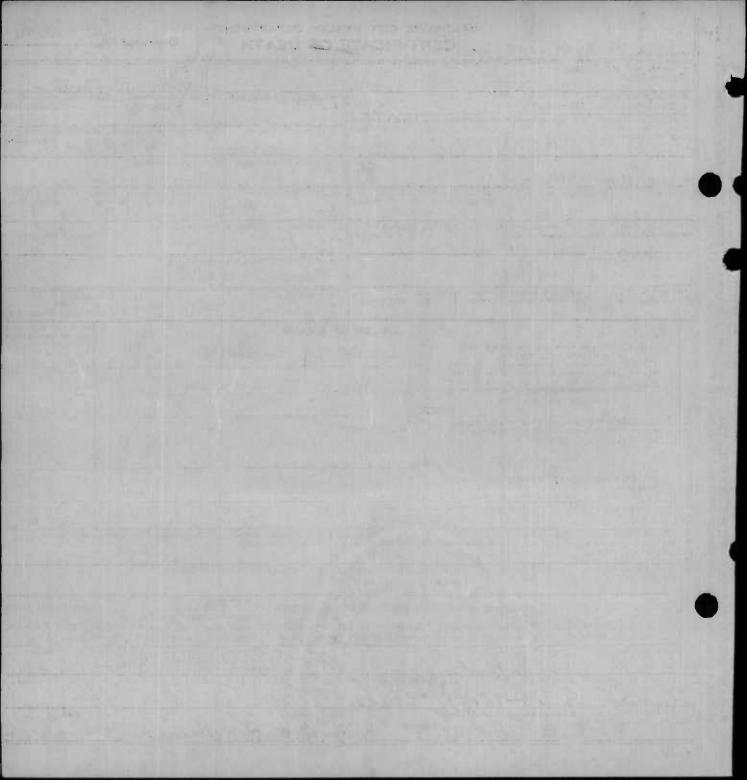
	50	2695
Registered	No.	

50	2005
BIRTH	No.2695

CERTIFICATE OF DEATH

BIRTH NOTOUTU	
1. NAME OF DECEASED Suinda Browne	2. DATE OF DEATH March 32/50
3. PLACE OF DEATH:  A. Baltimore City, Maryland Calfinson  B. FULL NAME OF (If not in hospital or institution, give-street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: vidence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION Sille Suches The Your location)	c. CITY OR TOWN (If outside corporate limits, write HURAL and give township)
Nome In the Aged Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Days  5. SEX  6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	9. AGE (In years II Under I Year Munder 24 Hours Min. 1853
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME Trenry Schrider	14. MOTHER'S MAIDEN NAME  Vastic
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or date of service) SECURITY NO.	17. INFORMANT Sile Synatures ADURESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  entensive Curdio Laseible 3 4 5  usase -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	Certeur Selevoses 10'yrs
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
21a. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (c. g., i	
HOMICIDE (Specify)   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	
	rred at 7 1 A.m., from the causes and on the date stated above.  23B. ADDRESS  1631 E North and 23c. DATE SIGNED  (Or 931)
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) May 25, 1950 t May  The second s	cry Govanstown ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 231950	But Kuts R. Williams Schrody
VS 150	923





BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF Engelhardt | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or md Balto HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) The D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 6/4 Edmondson aul. Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | fi Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH and WIDOWED, DIVORCED (Specify) 27.1995 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ballo None SALESMAN 45 death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informa 15. WAS DECEASED EVER IN U. S. ARMED ORCES? Yee, nn or nnknnwn) (If yee, give wer nr desent service) of 16. SOCIAL ADDRESS (Yes, nn or nuknawn) SECURITY NO. causes Every item write the cau INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY egod pendonutis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Duodensl alar, aleeding INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING UNDERLYING CONDITION LAST. I 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 3-14-50 duadera 21B. PLACE OF NJURY (e. g., in nr about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from man // , 1950 to man 12 , 19 that I last saw the deceased alive on 3-22 1950, and that death occurred at 6:00 Am., from the causes and on the date stated above. 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL RESISTED D muching or / Villand, Ata VS 150 117628,500

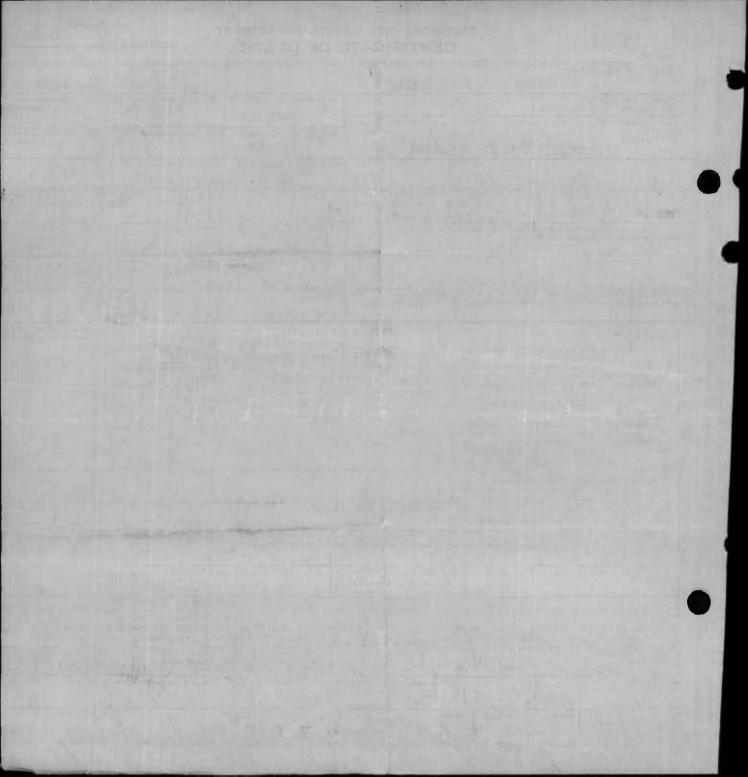
fully supplied.

WITH UNFADING INK. Every item of information should be tant. Physicians: please write the causes of death clearly and I

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2698

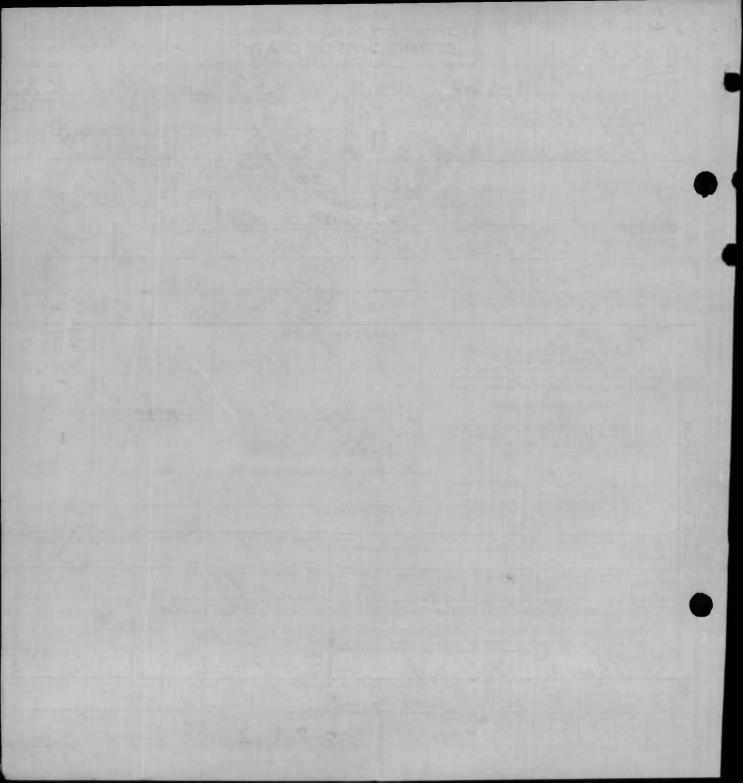
Bittit No.	
1. NAME OF DECEASED (Type or Print) BERTHA DANCY THOMAS	2. DATE OF DEATH March 21, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE before admission)
B. FULL NAME OF ("f not in hospital or institution, give street address or HOSPITAL OR location)	
Franklin Square Hospital	Baltimore (township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 13 4ms, Days	321 N. Gilmor Street  18. DATE OF BIRTH  19. AGE (In years) 11 Under 1 Year   11 Under 24 Hours
Female Colored 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Itto Burner	Phoshe Parries
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Druth Dan Manager
18. / 42 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(Inis does not mean the mode of dying, e.g., (A)	ensive arteriosclerotic
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	rdiovascular disease
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
<u>Y</u> (c) (c)	
TI OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
4 21 EVERNAL CAUSE WAS 1 210 BLACE OF INTURY (o.g.	YES NO X
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about bome, farm, factory, street, office bidg.,	
Z 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK   AT WORK	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from	
	Autopsy, Inspection or Inquiry Inquiry, find that said deeeased died on the day stated above,
and death is my opinion resulted from: natural cause	$\mathbf{z}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATINE	23B. CHIEF MEDICAL EXAMINER
244. BURIAL CREMA- 24B. DATE   24C. NAME O CEMETE	I.D.   MEDICAL INVESTIGATOR
TION, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 23 1950 Author or Lingary	1972 010 K/1. Elleret 9 Och
VS 151	93 D 1124 n Caroline Sty



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH supplie 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give carefully INSTITUTION IONNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) hould IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR e or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT-COUNTRY 5 13. FATHER'S NAME BANCE death informati 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. GENS HOPKINS FOR causes of Every item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEFT TEMPORAL / YEAR LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRAIN ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. GLIOMA TEMPORAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? A WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from . 195 Chat I last saw the . and that death occurred at 4 1900 d.m., from the causes and on the date stated above. deceased alive on 3-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county), REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCALDREGISTOAR I house alove VS 150

GENERAL LEFE TERMORE I MAR 1011 65 6 11 11 End remains the second of the second WASTERN TO THE PARTY OF THE PAR The state of the s

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	-		EALTH DEPARTMENT  FOF DEATH Registered No	1 2700
6)	5	QH N2700 CERTIFICAT	E OF DEATH Registered No	
F	1.	NAME OF DECEASED Marga at 1 (USIN)	Patterson 2. DATE OF MOVE	423,1951
supplied.		PLACE OF DEATH: Baltimore City, Maryland 6000 Bellding an-	4. USUAL RESIDENCE (Where deceased lived, If in: A. STATE B. COUNTY	stitution : residence before admission
	HC	FULL NAME OF (If not in hospital or institution, give street address or location)		write bull Al an and township
refully ly.	00	Edgewood/ Ursing Home	Ballimore "	
arefu	С.	Length of stay in Baltimore Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)  2900N Calverts	7
d be and l	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		nder 1 Year hs: Days Hours Min.
clearly a		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
9	13	FODSEWIXE DWN HOME	14. MOTHER'S MAIDEN NAME	U.S.A.
nati	1	Filliam Buckler Willson	anna Tuson	
informations of death c	15 (You	. WAS DECEASED EVER IN U. S. ARMED FORCES?  J. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADD	PESS
of in		No L	Millam Iallerson Illo Della	INTERVAL BETWEE
		DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEAT
it ne		LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	le Jahrenay (dema	
Every write tl		heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO	1 10	
. (1)		ANTECEDENT CAUSES	low sclerote Cardo Vos	rculor
please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	seail	
ING ns:	ICA	(C)		
UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
PA	CE	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION	20. AUTOPSY?
nt.	AL	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., i	in or   21c. WHERE DID (If in Baltimore City, giv	ve exact location)
LY, WITI	EDIC	PRIMARY OR CONTRIBUTING about home, farm, factory, sireet, office bldg	etc.) INJURY OCCUR?	
INLY v imj	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
4.		22. I certify that I took charge of the remains described of		thereon and from
espec		the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the serious accident , suicide , homicide , un	day stated above determined [
age is		23/15/CNATURE		DATE SIGNED
	TIC	A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	(State)
correct	DA	DURIAL MAR. 25/150 TICEN MOUNTE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS
3		AR 25 1930 Mutuation Indiagram	Hours Monitains Nons Co 4905	YORKRd.
6 6	VS	151		027 0



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PLEASE WRITE PLAINLY ITH UNFADING INK. Every item of informat should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and soldy.

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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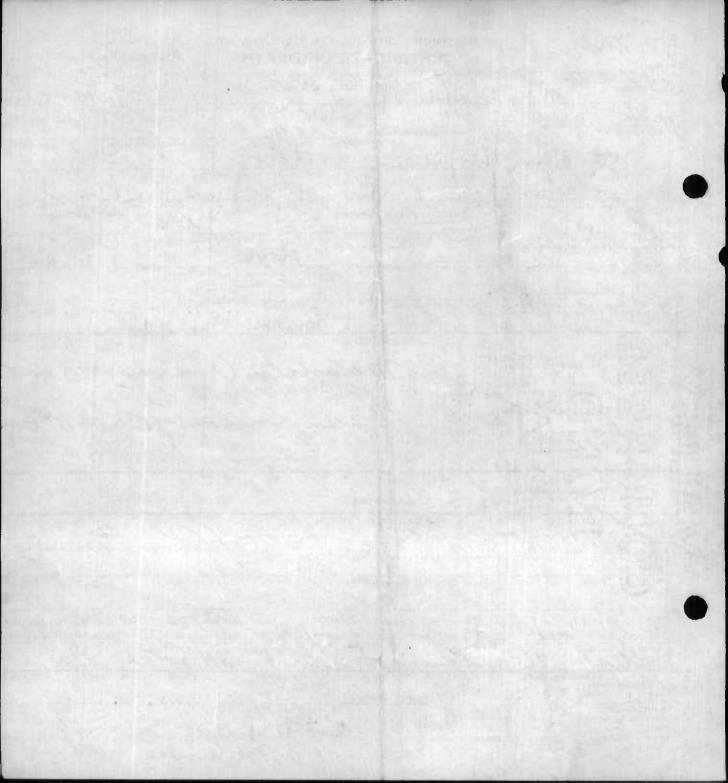
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Registered No.\_\_\_\_

В	IRTH NO.	E OF DEATH	8.500.100
(7	NAME OF DECEASED ALICE S. TAYLO	2. DAT OF DEAT	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence COUNTY before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	MD.	
	ISTITUTION TI	0.	rporate limits, write RURAL and give township)
0	III GITTINGS AVE.	BALTO.	6 1
	Yrs. Mos.	o. STREET ADDRESS (If rural, give	leation)
	Length of stay in Baltimore Days  SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Year   If Under 24 Hours
	F WIDOWED, DIVORCED (Specify)	2EPT. 24, 1812 77	irthday) Months Days Hours Min.
wor	DA. USUAL OCCUPATION (Give kind of the dome during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign lour	12. CITIZEN OF WHAT COUNTRY?
100	HOUSEWIFE OWN HOME		.0. 0.5.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	JOHN BURTON	MARIA POW	JECK
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16, SOCIAL security No.	17. INFORMANT	ADDRESS
_	10	1. FOWARDS TAY	LOR SAME
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	14	·
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	suferie Thrombos	10 nongo.
	injury or complication which caused death.) OUE TO		
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Jenosurose, qu	rest 10 yours
F	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	. 0.1.	
S	(c)	entry	10 yr
E	11		
RT	OTHER SIGNIFICANT CONDITIONS CON-		100
OF	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	perfension	10 Jus
L	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
DICAL	More from		YES NO X
MEDI	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	o or 21c. WHERE DID (If in Baltiste) INJURY OCCUR?	more City, give exact location)
-	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY	ED 21F, HOW DID INJURY OCCUR	?
7	m. WHILE AT NOT WHALE	none	
4	22. I hereby certify that I attended the deceased from	1040, mar >	, 19 dothat I last saw the
	deceased alive on har 2/ 19 0, and that death occur	red at 6 - Am, from the causes	s and on the date stated above.
		3B. ADDRESS	23c. DATE SIGNED
	H.S. Chalfaut M.O.	6 rio your	That. 7 2.50
24 TIO	A. BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETE	RY OR CREMATORY   240. LOCATION	(City, town, or county) (State)
	BURIAL 3-24-1950 LORRAIN	E PARK BALTO	. Co. MD.
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 4905
	MAR 23 1950 Harris 18 19 19 19	B. WEJENKINSES	ONS CO. YORKRO

DR. CHALFANT
6210 YORK RD.

	C	-23	0											
	7	50 2	202		BAI	LTIMO	RE CITY	HEAL	TH DEPAR	TMENT	50	270	2	
he	В	IRTH NO.				CEF	RTIFICA	TE (	OF DEAT	ГН	Regist	ered No	-	
ed.		NAME OF D	ECEASE	Mike	2 (ha	sol	MICH	AEL	GAZDO,	Jr.	2. DATE. OF DEATH	nar	ch xx	195
pplie		Baltimore		aryland _		0			STATE	DENCE (W				dence imission)
ns	H	FULL NAME OSPITAL OR	OF (I	f not in hospi	tal or institut	ion, giv	e street address location	\	CITY OR TOW	INI (IE	outside corpora	to limita	maia DITD A V	
carefully supplied	IN	NSTITUTION	St.	Agnes	Hos	Dit	LAL -		13 44			Jan Car		ownship)
carefu		Tonoth of a	4 a	0		<u> </u>	Yr	s.	STREET ADDI	RESS (If	rural, give locat	7703	Francisco	12 4V6
	-	. Length of s . sex		OR OR RACE	7. SINGL			8.	DATE OF BIR	TH DS	9. AGE (In ye	ears If Un	der I Year   If Un	der 24 Hours
uld y an		m.	W		SINC	/ED, DI	VORCED (Spec	ify)			last birthda	Mont	hs Days Hou	rs Min.
clearly and	1C wnr	A. USUAL OC	CUPATI of working is	ON (Give kind o fe, even if retired	I 10B. KINE	OF B	USINESS OR INDUST		BIRTHPLACE	(State or fo	oreign country)	13	WHAT CO	DF UNTRY?
atic th	13	3. FATHER'S						14	MOTHER'S M	AIDEN N	AME		П.Э.М	-
dea		Micha	el G	azdo,	Sr.									
Every item of information write the causes of death	(Ye	5. WAS DECEAS:	(If yes,	IN 1975. ARME give war or dat	D FORCES?		SOCIAL SECURITY NO	. 17	Broth	Mt.	St. Jose Arthd	ephabe	RESTIVI	ngto
m o		18. /8/	X	1	17.5		CAUSI	E OF	DEATH		nr or or	<u>~0 111 ar</u>	INTERVAL E	BETWEEN
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UNFADING Physicians:	RTI			ANT COND			91 .						100	
Phy	CE	TO THE D	ISEASE C	R CONDITION	CAUSING I	т	Mem	a						
	CAL	19A. DATE 0	of OPER	ATION	19B. MAJOR	FIND	INGS OF OP	ERATI	PN .	101	181	dolen	YES O	NO NO
LY, WITH important.	EDIC	21A. ACCID LYING OF	CONTI	S UNDER-	2 1B. Pl	CE OF	INJURY 6. pory, atreet coffice blo	g., in nr lg.,etc.)	21c. WHERE INJURY OCC	DID (I	f in Baltimore	City, giv		_
G'ii	Σ	21D. TIME OF INJURY		(Day) (Year	) (Hour)	21E. IN	JURY OCCU	RRED	21F. HOW DI	D INJURY	OCCUR?			
AI lly		OF INSURT			m.	WHILE A'	NOT WHI							
RITE PLA is especi	4				tended the	decea	sed from L	2/2		12, to_			that I last	
IT'E	k	deceased a	ive on_	3/2/		and th	hat death occ	nirred	ADDRESS	n., from ti	he causes and		date stated	
WR e is		ste	phe	~ 11.	Va	du	M. D.	2	t. Cy	ma 1	Hoggits	R	3/22	150
PLEASE W		ON, REMOVAL	REMA-	24B. DATE					R CREMATOR		OCATION (City	, town, or	county)	(State)
EA		Burial		3/24/5			Cathedr		FUNERAL DI		timore,	Md.	DORESS.	
COL		OCAL REGIST		AND "" 234	1000 //	187 In 1	Ce, NUE O	2	7.8	Doran	ns \ In	VI	me!	
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							18891	//	0 // /	ior. X	wyne		52	B



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UNITABILITY INC. Every item of informat. Thould be carefully supplied. Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

## BALTIMORE CITY HEALTH DEPARTMENT

50 2703

В	RTH NO.			CERTIFICAT	E OF DEAT	Н	Regist	ered No-		
(T	NAME OF D	HULTO	N 3	TILTZ			2. DATE OF DEATH	3/2	3/	5-0
Α.		City, Maryland	al or institut	ion, give street address	4. USUAL RESID	ENCE (W	B. COUN		befor	re admission
		MARYLAND	A ENE	NOSPITAL			outside corpora			
)	Length of s	tay in Baltimore		Yrs. Mos. Days		ESS (lf :	rural, give locat	ion)		
5.	SEX MALE	6.COLOR OF RACE	7. SINGLE WIDOW	E MARRIED VED, EIVORCED (Specif	8. DATE OF BIRT	884	9. AGE (In ye last birthds			H Under 24 Hours Hours: Min.
worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE	State or fo	- ,	12	. CITIZE WHAT	N OF COUNTRY
	JUAN A	EMORY ST	TILT:	z	14. MOTHER'S MA		STER			
		ED EVER IN U.S. ARMEI (If yee, give war or date		16. SOCIAL SECURITY NO. 213-18-113	17. INFORMANT	37	TILTZ	ADDI		WD.
	(This does heart failu	SE OR CONDITION LEADING TO DEA not mean the mode of tre, asthenia, etc. It mes complication which	TH of dying, e. a ons the diseas caused death	g., (A) Cire	ula Long	C0/1	apa			AL BETWEEN AND DEATH
TIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TI	NG DUE TO	CINOMB	*****************	***************************************		ک (ا	days
CER	TRIBUTING	GIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT						J
SAL	3/22	150 0	ARCIN		cum, INT	ES 7/ A		STRUCTI	YES	NO NO
<b>IEDICA</b>	HOMICIDE	(Specify)		ACE OF INJURY (e. g. farm, factory, street, office bldg			f in Baltimore	City, give	exact lo	eation)
N	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	YAULNI C	OCCUR?			
	22. I hereb deceased a		ended the	deceased from and that death occur	urred at 5. 70 m 23B. ADDRESS	o, to 3	re causes and	d on the c	date sto	ist saw th ated above TE SIGNED
	4A. BURIAL, CON, REMOVAL (S	CREMA- 24B. DATE Specify)		M. D.   24C. NAME OF CEMET HOSTER'S	Mary langer	1	CATION (City	town, or	gounty)	(State)
L	ATE RECEIVE DCAL REGIST IAR 7 4 19	D BY REGISTRAR	S SIGNATI		25. FUNERAL DIE		who 5		DDRESS	, ,

VS 150

3 4019

46E

4940

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

astern Ave.

25. FUNERAL DIRECTOR

13

20. AUTOPSYT YES TOS NO (If in Baltimore City, give exact location) to Mar. 21 1950 that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 4940 Eastern Ave. ADDRESS 157M

before admission)

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Cremated

24B, DATE

3-23-50

REGISTRAR'S SIGNATURE

tutuston Willburgs, Mill

. FIE HOUSE IN THE REAL PROPERTY OF THE REAL . Many to program out of

VS 150

See Document File.50-2705 For corrective authorization 12/4/50

ES

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2705
Registere	l No	

BI	RT	н	NO	

carefully supplied.

hould be

causes

the

I. NAME OF DECEASED (Type or Print)

. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of)

work done during most of working life, even if retired)

CHARLES W. LYNCH

Married

John floos Co

2. DATE DEATH March 22.1950 4. USUAL RESIDENCE (Where deceased lived, It institution: residence

B. COUNTY

9. AGE (in years

3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR

A. STATE Maryland

Yrs.

C. CITY OR TOWN Baltimore (If outside corporate limiter write RURAL and give township)

2662 Presbury St.

6. COLOR OR RACE

Mos. 2662 Presbury St.

D. STREET ADDRESS (If rural, give location)

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH

Nov.12,1892 11. BIRTHPLACE (State or foreign country) Baltimore. Md.

12. CITIZEN OF WHAT COUNTRY?

If Under 1 Year last birthday) Months Days Hours Min

before admission)

Chauffeur, retired 13. FATHER'S NAME

Male

Charles Lynch

16. SOCIAL

14. MOTHER'S MAIDEN NAME Cora V. Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) No

215-09-2215

17. INFORMANT Lula M. Lynch, 2662 Presbury St.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

capitas haceles

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

ONSET AND DEATH

INTERVAL BETWEEN

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

3/25/50

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

30 PATE SIGNED

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21B. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21c. WHERE DID

INJURY OCCUR?

22. I hereby/certify that I attended the deceased from A and that death/occurred at 1, PM., from the causes and on the date stated above. deceased alive on 25X SIGNATURE 23B. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Moreland Park

24D. LOCATION (City, town, or county) Baltimore Co., Ind.

Milliam Cook, Inc., 1217 St. Paul St.

DATE RECEIVED BY LOCAL REGISTRAR

Burial

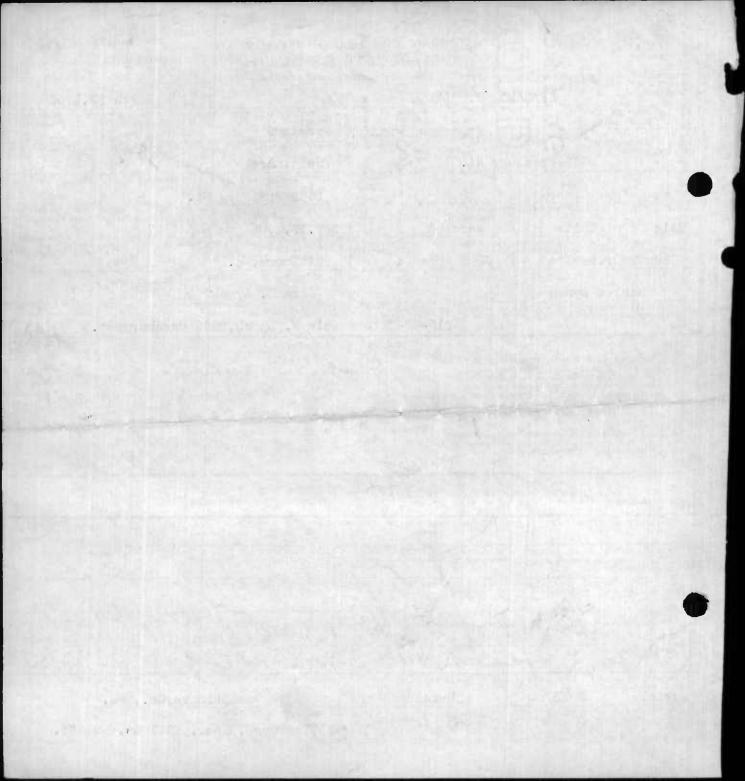
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

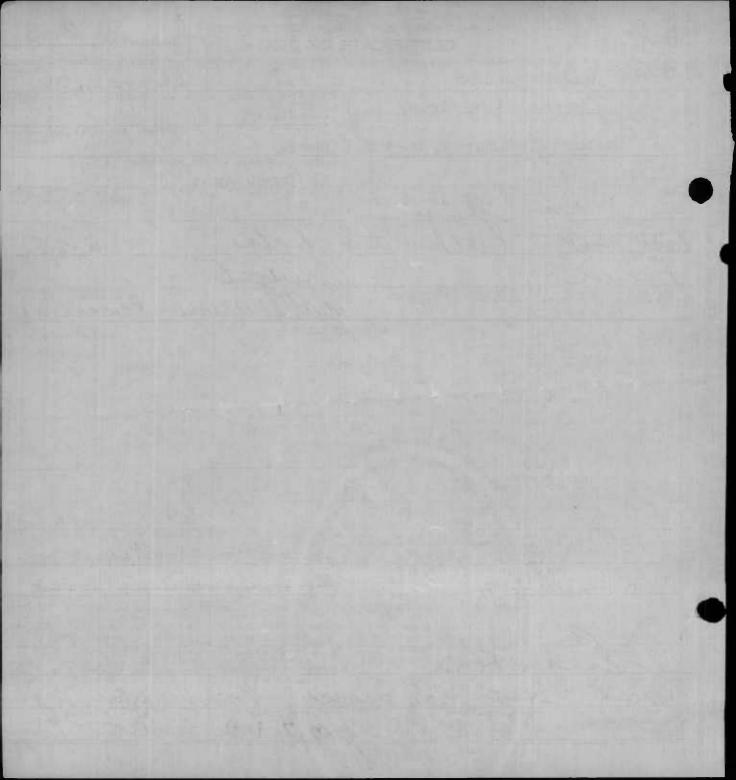
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420 25

(If in Baltimore City, give exact location)



500		bout a la l		-0 0000	
50 2707 BIRTH NO.	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	50 2707	
1. NAME OF DECEASED (Type or Print) RAE	New Control Ne	uhan	OF DEATH	21.10	
B. FULL NAME OF (If not in hos	Balto. Md.	4. USUAL RESIDENCE (VA. STATE Maryland	Where dcccased lived, If i	nstitution; residence before admission	
HOSPITAL OR INSTITUTION SINAI	Hospital location)		outside corporate limits	write BUKAL and giv	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If Sinal Hospit	rural, give location)	nt & Br.	
Female White	7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH	1 0 10 11 11 11 11	Under 1 Year H Under 24 Hours this Days Hours Min.	
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if retin	dof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, M		12. CITIZEN OF WHAT COUNTRY	
Maurice Moser		14. MOTHER'S MAIDEN N.		/	
15. WAS DECEASED EVER IN U.S. AR (Yes, no or unknown) (If yes, give war or o	dates of service)   CECLIDITY NO	17. INFORMANT		DDRESS	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
COTHER SIGNIFICANT CON TRIBUTING TO THE DESEASE OR CONDIT	NDITIONS CON-				
19A. DATE OF OPERATION  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	198. MAJOR FINDINGS OF OPER	ATION		YES NO	
21A, ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c, WHERE DID (Injury occur?	lf in Baltimore City, g	ive exact location)	
21D. TIME (Month) (Day) (You OF INJURY	ear) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?		
deceased alive on 23	$3 \cdot 2/$ , 19 he easises and on th				
Student 248, DAT	ancer M.D.	RY OR CREMATORY   240	CATION (City, town,	or county) (State)	
Burial Mar.	24,1950 Har Sinai	Ba	ltimore, Md	•	
DATE RECEIVED BY REGISTRA MAR 2 4 1950	AR'S SIGNATURE	Dav2d Sondheim	& Son 1902	Eutaw Pi	
VS 150	× × × × × × × × × × × × × × × × × × ×	Jand Son	Sheimy	lor 1902	



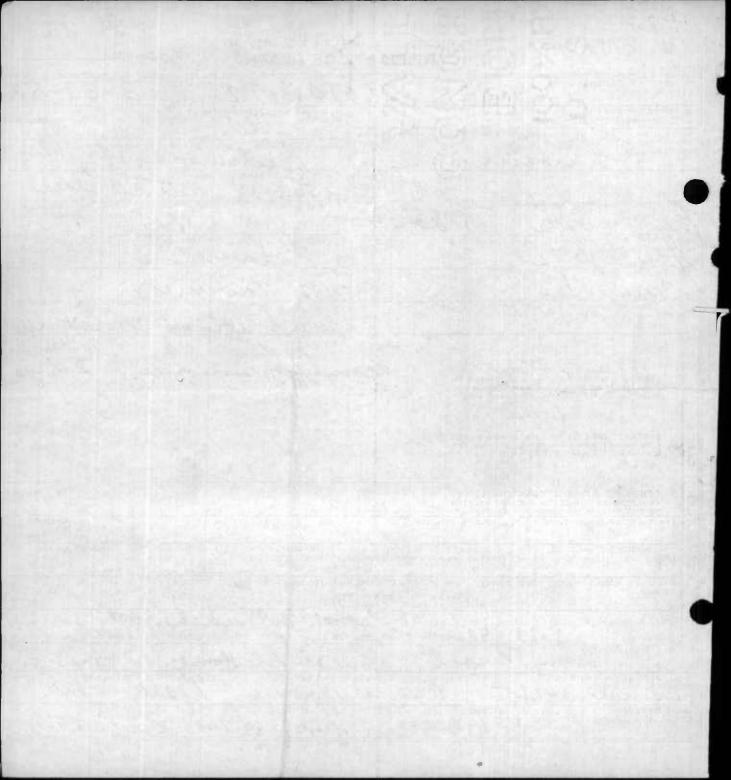
24A/BURIAL, CREMA-TION, REMOVAL (Specify) Murial

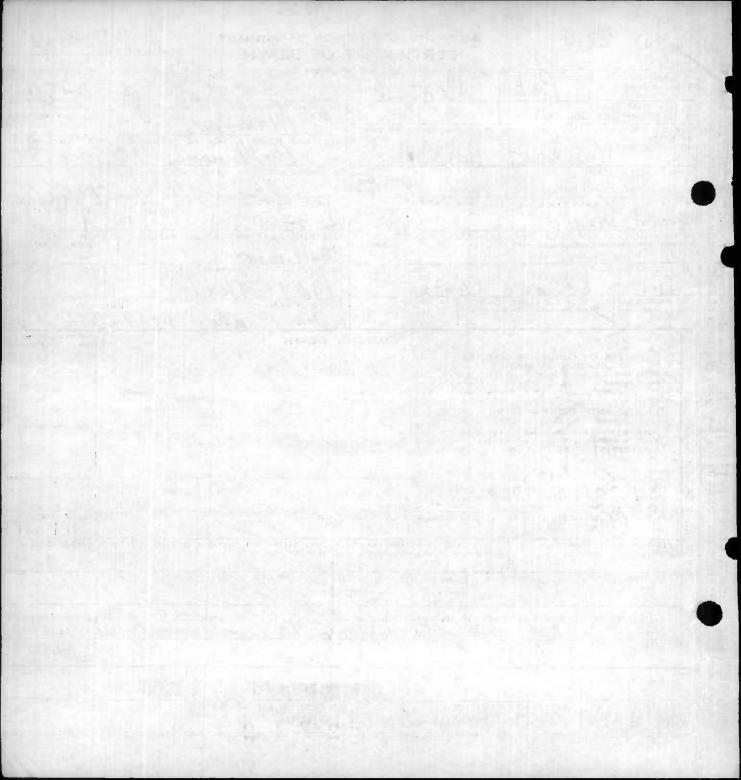
24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

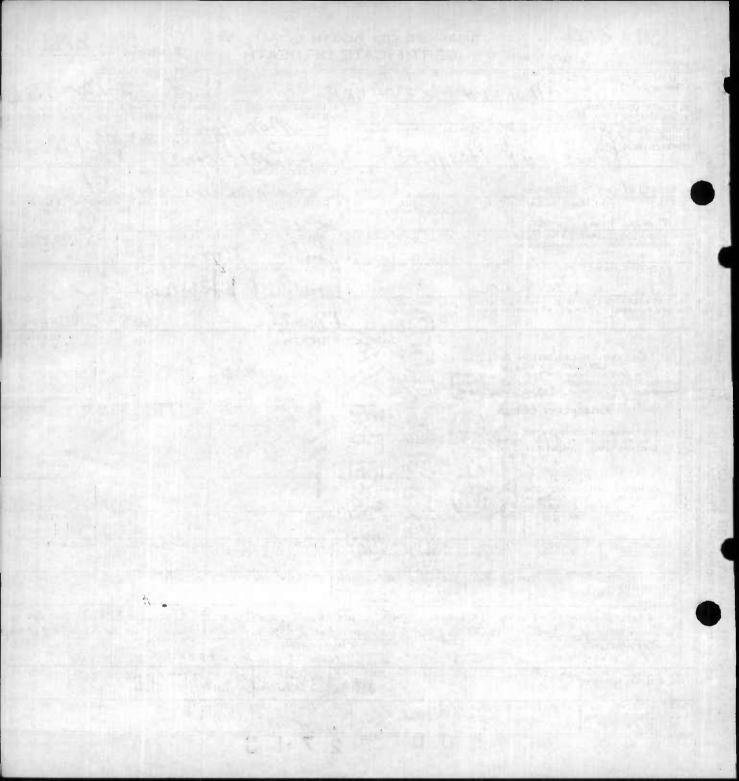
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 50 - 1 3 40 1. NAME OF DECEASED 2. DATE (Type or Print) OF URFEN AR KE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B/COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION township) MOR Yro. (If rural, give location) D. STREET ADDRESS -Mos. Length of stay in Baltimore Days be 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF Il Under 1 Yess 9. AGE (In years | I Under 1 Year | II Under 24 Hours last birthday) | Months; Days | Hours Min. Il Under 24 Hours and WIDOWED, DIVORCED (Specify) should clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? death 13. FATHER'S NAME 14. informati 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL ADDRESS (Yee, no or onknown) (If yes, give war or dates of service) SECURITY NO. e causes of item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every if LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. VES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? AINLY, 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 2-10 . 1950 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from. deceased alive on 3-12, 19 50, and that death occurred at 230 m., from the causes and on the date stated above. 234 SOGNATURE 238. ADDRESS 23c. DATE SIGNED do Gruss M. D PLEASE correct ag 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City town, or county) 24A. BURIAL, CREMA- 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURES . 25. FUNERAL DIRECTOR ADDRESS mine afor / Whalls in VS 150



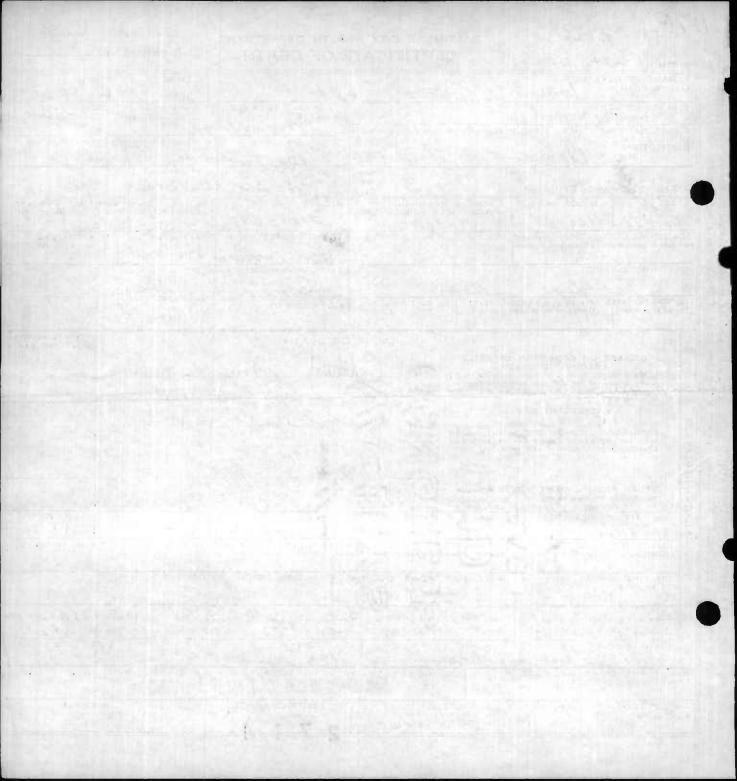
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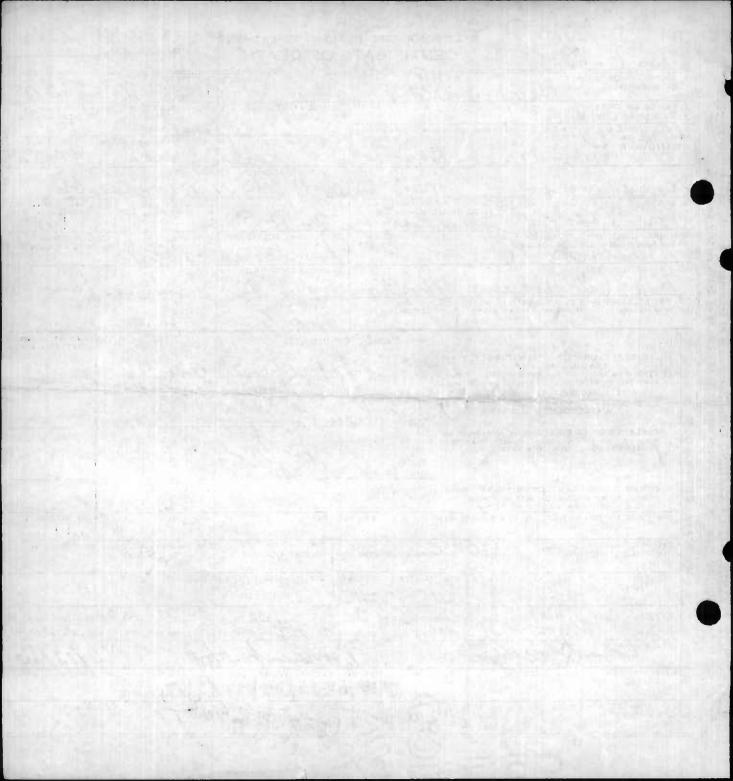
unaway INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) \_. 19 To that I last saw the 2.m., from the eauses and on the date stated above. 23c. DATE SIGNED 15the san 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

before admission)

12. CITIZEN OF

WHAT COUNTRY?





50 2714 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 -0993 I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) YIS. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | ft Under 24 Hours | last birthday) | Months; Days | Hours: Min. ft Under 24 Hours WIDOWED, DIVORGED (Specify) sung le newborn 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMES ALICE GREEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. SAME MOTHER 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 0 ELECTASIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES REMATURITY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE ATT WORK 22. I hereby certify that I attended the deceased from. , 195 Chat I last saw the deceased alive on 3/16, 19 Sand that death occurred at 2:00 m., from the causes and on the date stated above. 28A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME OF CEMETERY OR CREMATORY

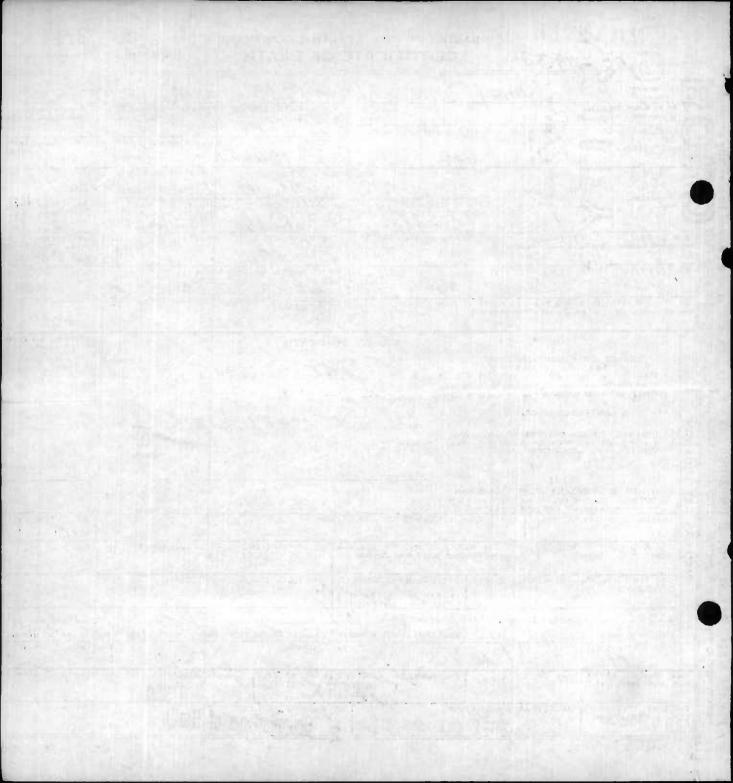
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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

ADDRESS

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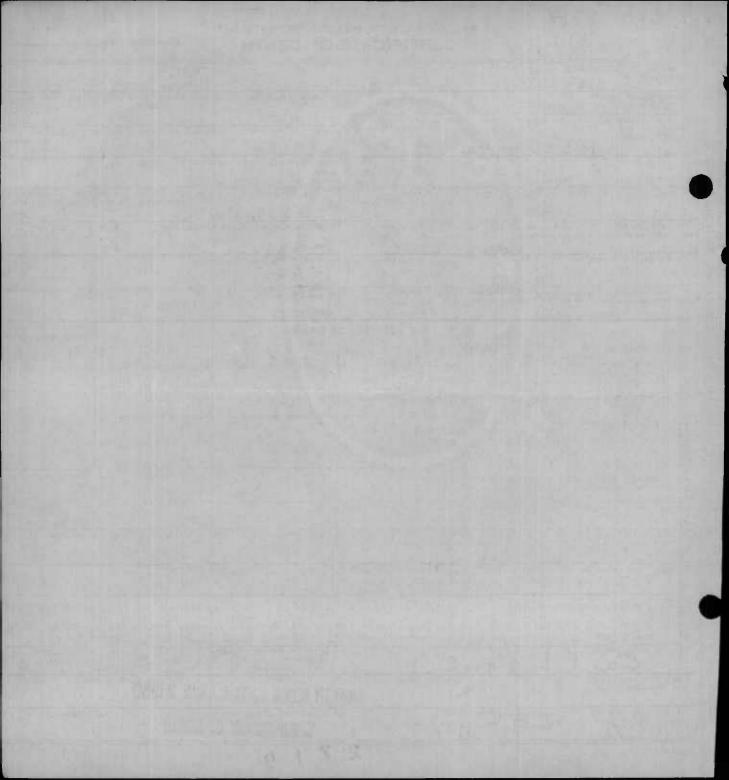


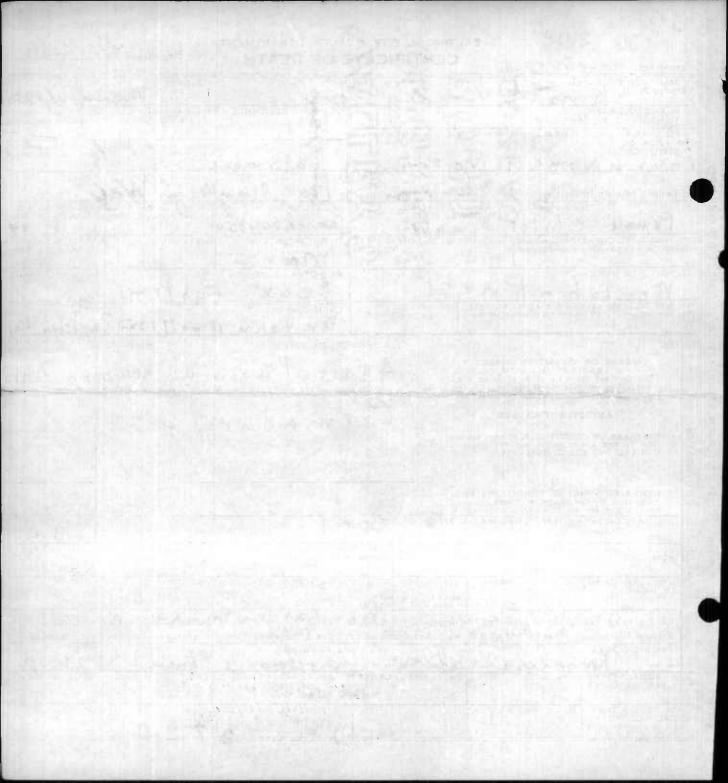
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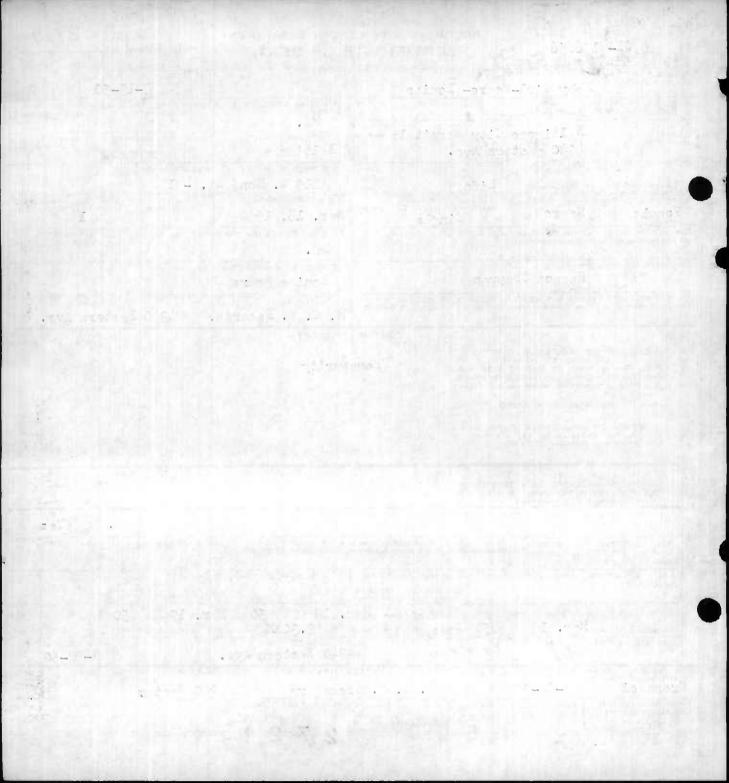
3-13, 1950 that I last saw the 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240/LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR white for Wheather MI VS 150

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BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate of the composition	50 2716
BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate of the company of the compan	
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Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or NOSPITAL OR INSTITUTION)  C. CITY OR TOWN (If outside corporate of the composition of the corporate of t	
HOSPITAL OR INSTITUTION (16 outside corporation)  C. CITY OR TOWN (16 outside corporation)  C. CITY OR TOWN (16 outside corporation)  D. STREET ADDRESS (16 rural, give location)  C. CITY OR TOWN (16 outside corporation)  D. STREET ADDRESS (16 rural, give location)  S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.  WIDOWED, DIVORCED (Specify)  MAAGE 23 1650	March 23, 1950
HOSPITAL OR INSTITUTION (16 outside corporation)  C. CITY OR TOWN (16 outside corporation)  C. CITY OR TOWN (16 outside corporation)  D. STREET ADDRESS (16 rural, give location)  C. CITY OR TOWN (16 outside corporation)  D. STREET ADDRESS (16 rural, give location)  S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.  WIDOWED, DIVORCED (Specify)  MAAGE 23 1650	
E. Length of stay in Baltimore  C. Length of stay in Baltimore  T. SINGLE, MARRIED.  WIDOWED, DIVORCED (Specify)  WARRIED.  WIDOWED, DIVORCED (Specify)  WARRIED.  WIDOWED, DIVORCED (Specify)  WARRIED.  19. AGE (In last birt)	rate limits, write RURAL and give
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In last birth	13 26-0 5 wnship)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In last birth	
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	day) Months Days Hours Min.
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	USA.
13. FATHER'S NAME  14. MOTHER'S MAYEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  17. INFORMANT  17. INFORMANT	y Wilkens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 3539 Juneusy
none hur. Charles F. Unde	4 Raltinure -18/
18. 76/, 5 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
I Inis does not mean the mode of dving e.g., (A)	<b>5</b>
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	
Z ANTECEDENT CAUSES  (B) Premature labor	
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OTHER SIGNIFICANT CONDITIONS CON-	
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Number of the state of the stat	YES NO
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E 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 3-23, 1952 to 3-23	, 1920that I last saw the
deceased alive on 3.23, 1950, and that death occurred at 400 m., from the causes of	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
	ma 3-24-50
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION OF TION, REMOVAL (Specify) 3.24. DATE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 25. FUNERAL DIRECTOR	/ T / (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR	ADDRESS
S LOCAL REGISTRAR MAR 2 4 1950 Turturator Nations, Mar 2 1950 FELD	+ SON
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ne	BALTIMORE CITY HEALTH DEPARTMENT  50 2720 50 -04975 CERTIFICATE OF DEATH  Registered No.								
		NAME OF D 'ype or Print)	2. DATE OF DEATH March	18, 1950					
riddi	A.		EATH: City, Maryland	inkneyMadel:		4. USUAL RESIDENCE (W.	here deceased lived. If ins	titution: residence before admission)	
ly si	H	SPITAL OR ISTITUTION	Baltimore	al or institution, give streedity Hospitals	et address or location)		outside corporate limits, v		
gibly.	3	1	4940 Easte	rn Ave.	Yrs.	Baltimore o. street Address (If r	ural, give location	o5 township)	
200		Length of s	tay in Baltimore	life	Mos. Days	1523 Mulliken C			
yana ba		Female	Negro	7. SINGLE, MARRIED WIDOWED, DIVORC Single	ED (Specify)	March 11, 1950	last birthday) Month	let 1 Year It Under 24 Hours as Days Hours Min.	
clearly	worl	k done during most o	CUPATION (Give kind of f working life, even if retired)		ESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland		CITIZEN OF WHAT COUNTRY?	
death	13	FATHER'S				14. MOTHER'S MAIDEN NA	ME	- 11	
causes of d	15 (Ye	Calvin Commodore  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service)  16. SOCIAL SECURITY NO. Records—B.C.H.—4940 Eastern							
Physicians: please write the	ERTIFICATION	DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING	not mean the mode of re, asthenia, etc. It mes complication which of the complication which of the complication which of the above cause (A) and condition Laboratory (A) and condition the country of the opents, but	rathe disease, aused death.) OUE TO SES  FANY, GIVING STATING THE DUE TO ST. (C)		wachnoid Hemorrh	age		
	C		F OPERATION 1	98. MAJOR FINDINGS	OF OPER			20. AUTOPSY?	
important.	EDICA	LYING OF	ENT WAS UNDER-	218. PLACE OF INJU about home, farm, factory, stre			in Baltimore City, give	exact location)	
lly imp	Σ	210. TIME (OF INJURY	Month) (Day) (Year	(Hour) 21E. INJURY m. WHILE AT WORK	OCCURRE NOT WHILE	21F, HOW DID INJURY	OCCUR?		
is esp			ive on 3-18-	ended the deceased f , 1950, and that de	eath occur	red at 1:30Pm., from th	e causes and on the	hat I last saw the date stated above.  23c. DATE SIGNED  3-22-50	
ect age		REMOVAL (S	pecify) a an W				CATION (City, town, or C. H. Cremato	county) (State)	
correct		ATE RECEIVED CAL REGIST IAR 2419		for Milianus, 1	1	25. FUNERAL DIRECTOR	A	DDRESS	
		VS 150	To Be App	roved By Chief	Medic	al Examiner	/	60a	

A British 12. Electric persons (1). The second of the second 

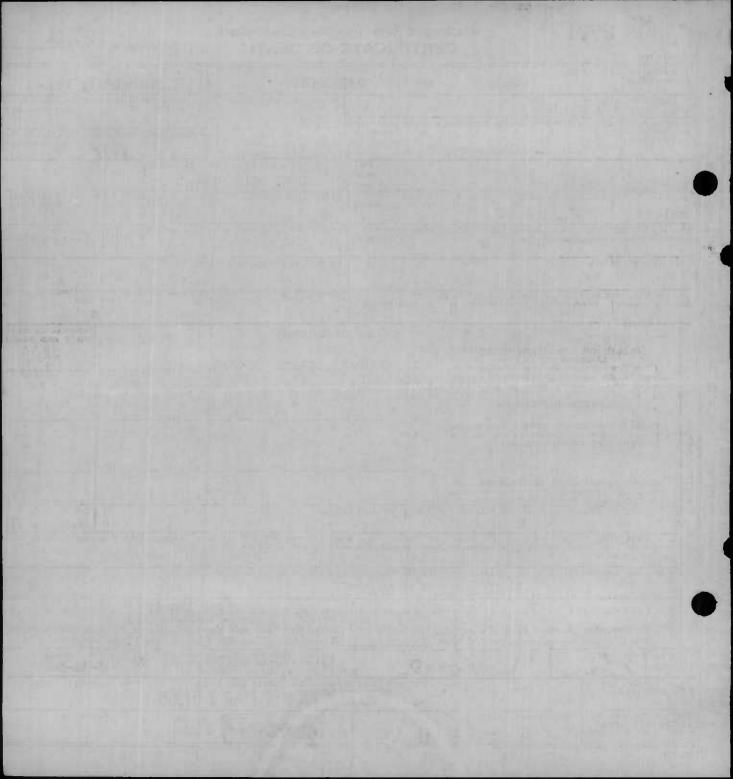
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PLEASE WRITE PLAINLY, wITH UNFADING INK. Every item of informatic should be carefully supplied. correct age is espective important. Physicians: please write the causes of death clearly and

# BALTIMORE CITY HEALTH DEPARTMENT

-0 2724

ВІ	RTH NO.		CERTIFICATE	E OF DEATH	Registered	No.	
	NAME OF DE		JAMES Mc	DERMOTT	2. DATE OF Marc	h 11, 1950	
B. H	PLACE OF DE Baltimore Ci FULL NAME O SPITAL OR STITUTION	ity, Maryland  (If not in hospit	al or institution, give street address or location)				
0	0	210 E. 20	Oth Street	Baltimore D. STREET ADDRESS	(If rural, give location)	14	
c.	Length of sta	ay in Baltimore	Mos. Days	210 E. 20th			
	sex ale	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	f Under 1 Year M Under 24 Hours Onths: Days Hours Min	
		UPATION (Give kind of working life, even if retired)		11. BNRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S NA	AME	0	14. MOTHER'S MAIDE	N NAME		
15 (Ye	. WAS DECEASED	D EVER IN U. S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  COPONARY STERY DISEASE  (A)  COPONARY STERY DISEASE  (B)  DUE TO						
ERTIFI	OTHER SITE						
U	19A. DATE OF		98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICAL	21A. EXTERNA PRIMARY OF CAUSE OF DE	AL CAUSE WAS R CONTRIBUTING EATH.	21B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e		(If in Baltimore City,		
ME	21D. TIME (A	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJ	URY OCCUR?		
		lence obtained by	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Auto inquiry, find that sai □ A, accident □, suid	nsy, Inspection or Inquiry d deceased died on the cide , homicide , AL EXAMINER	thereon and from the day stated above undetermined □. 3c. DATE SIGNED 3-11-50	
7/10 TIC	BURIAL, CF	REMA- 24B. DATE secify)	24 NAME OF CEMETE		R 161950	n, or county) (State)	
	ATE RECEIVED CAL REGISTR		S SIGNATURE	25. FUNERAL DIRECT	er Health	ADDRESS	
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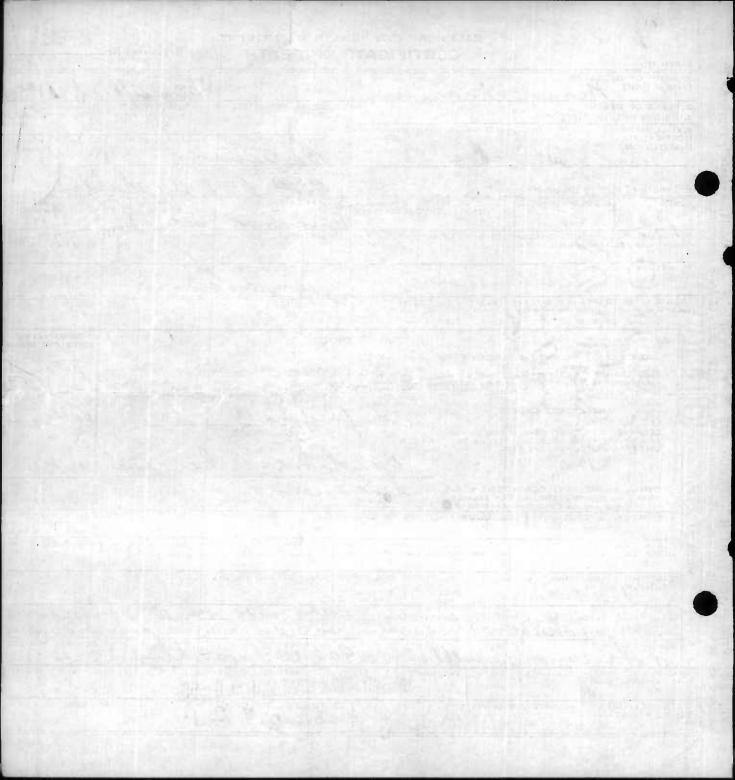


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 2722

8	IRTH NO.						
1 ('	NAME OF DE	AA	1	1.		2. DATE OF Ma	1/11/95
	. PLACE OF DE	Maryland	m	auson	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If in B. COUNTY	estitution: residence before admission)
H	FULL NAME OF	OF (If not in hospi	tal or institut	ion, give street address or location)		If outside corporate limits,	write RURAL and give township)
C	131	5-17-70 ay in Baltimore	indis	Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location)	lhen
1	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years last birthday) Mon	nder 1 Year II Judet 24 Hours the Days Hours Min.
10 WOI	DA. USUAL OCC	CUPATION (Give kind of working life, even if retired	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S N	AME Unk	enon	~~	14. MOTHER'S MAIDEN		/
1 (Y	5. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
CERTIFICATION	(This does heart failur injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING TO THE DI	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A' ING CONDITION L  III IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	of dying, e. : ans the disease caused death SES  IF ANY, GIVII STATING TO AST.  OITIONS CONTRELATING TO CAUSING	(a) Property (b) Property (c) Car	of DEATH running fluenza diovascu are	lar renal	Interval Between onset and Death 3 days
CAL	19A. DATE O	F OPERATION O	198. MAJOR	FINDINGS OF OPER	RATION		YES NO X
MEDIC	HOMICIDE	NT. SUICIDE, (Specify) Month) (Day) (Year	about home,	ACE OF INJURY (e. g., if farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
-	OF INJURY	month) (Day) (Year		WHILE AT NOT WHILE AT WORK		K1 OCCONT	
	22. I hereby deceased al. 23A. SIGNAL	ive on March	tended the		anch 9, 1950, to pred at 3 90, m., from 138. ADDRESS 902 W. F. A	11.	that I last saw the date stated above.  23c. DATE SIGNED  3 - 12-51
2 T	4A. BURIAL. C	REMA- 24B. DATE	1	24c NAME OF CEMETE		LOCATION (City, town, o	7 10 00
Mrn	AR 24 95	BY REGISTRAR	s SIGNATU	lians Min	SE FUNERAL DIRECTOR	Quita .	ADDRESS
	VS 150	Medici	0	7 50	1 1 6		1210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and ply.



The

Physicians: please write the causes of death clearly and I 3ly.

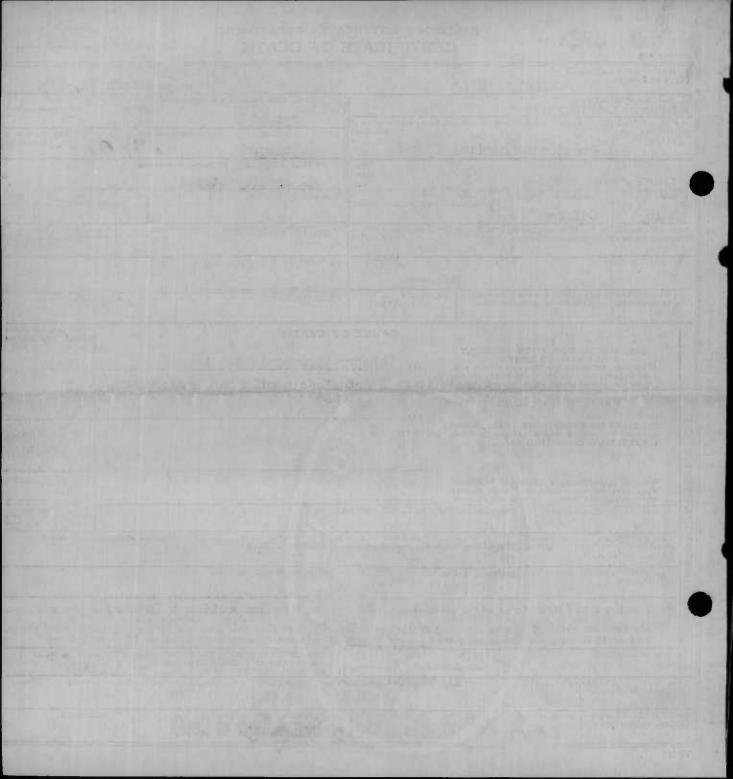
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2723

BIRTH NO.	CERTIFICATI	- OI DEATH							
1. NAME OF DECEASED			2. DATE						
(Type or Print) WILLIAM	MILLS			h 12, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	f institution : residence before admission)					
	or institution, give street address or	Maryland		,					
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give					
Provident Ho	spital	Baltimore	17-	of township)					
	Yrs.	D. STREET ADDRESS (If	rural, give location)						
c. Length of stay in Baltimore	Mos. Days	662 Bradley St	reet						
5. SEX 6. COLOR OR RACE 7	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	if Under 1 Year   If Under 24 Hours ontbs: Days   Hours: Min.					
Male Colored	U U SPECIAL CONCERNITION OF COMMENTS	U	68	24,0					
	OB. KIND OF BUSINESS OR	11. BIRTHPLACET(State or f		12. CITIZEN OF					
work done during most of working life, even if retired)	K INDUSTRY	K		WHAT COUNTRY?					
13. FATHER'S NAME	N	14. MOTHER'S MANDEN N	AME	1					
	a	0							
15. WAS DECEASED EVER IN U. S. ARMED F	ORCEST   146. SOCIAL	17. INFORMANT W		ADDRESS					
(Yes, no or unknown) (If yes, give war or dates or	SECURITY NO.	N. INFORMATE W		ADDRESS					
18. 4xx 1	CAUSE	OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONSET AND DEATH					
DISEASE OR CONDITION D		_ Alamanahandan Jan	4.						
(This does not mean the mode of	dying, e. g., (A)	o thrombosis due	to						
heart failure, asthenia, etc. It means injury or complication which cau	ised death.) QUEXX art	eriosclerotic car	rdiovascular						
ANTECEDENT CAUSE	disease								
	(8)	***************************************							
DISEASES OR CONDITIONS, IF									
E UNDERLYING CONDITION LAST									
3	(6)								
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	(C)			***************************************					
OTHER SIGNIFICANT CONDITI				18 6 6 6					
TO THE DISEASE OF CONDITION OF 19a. DATE OF OPERATION 19a	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?					
, I TON BATE OF OF ENTITION	S. MAJOR THE DINGS OF C. ER	ni vii		YES NO T					
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (	If in Baltimore City,						
PRIMARY OR CONTRIBUTING	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?							
\(\Sigma\) 21D. TIME (Month) (Day) (Year) (I	Yarra Later IN HIDY OCCUPATION	D 215 HOW DID IN HIE	V OCCUP?						
OF INJURY (Month) (Day) (lear) (I	Hour) 21E. INJURY OCCURRE  WHILE AT   NOT WHILE	ED 21F, HOW DID INJURY	r occurr						
	m.   WORK L AT WORK L								
22. I certify that I took charge	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from								
the evidence obtained by se	aid Autopsy, Inspection or I	nquiry, find that said d	Inspection or Inquiry eceased dicd on the	he day stated above.					
and death in my opinion re	esulted from: natural causes	🖾, accident 🗆, suicide	, homicide ,	undetermined [].					
23A. SIGNATURE		23B. CHIEF MEDICAL ASSISTANT MEDICAL		3c. DATE SIGNED					
(-1.71	elwiche M.	D. MEDICAL INVESTIGAT	OR	3/13/50					
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	ROMAN COMO MAD I	OCATION (City, town	, or county) (State)					
	OMACV2111 I	BEDINAL COMME HITELY T	1006						
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	B 157.19 4 12.00	25. FUNERAL DIRECTOR	Unalth	ADDRESS					
_ MAR ? A los	to Medial wall	5 chammagnater of	HAMILII						
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correct age is especielly important.



50 2724 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 49-264 38 Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MITCHELL TOWSON OF 2-5-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Provident Hospital (township) Baltimore. D. STREET ADDRESS Yrs. (If rural, give location TH 9. AGE (In years | Mast birthday) M 3 months Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED on should be If Under I Year I Under 24 Hours WIDOWED, DIVORCED (Specify) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. ENRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informatio 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) | (If yes, give war or dates of service) 16. GOCIAL 17. INFORMANT (Yes, no or unknown) ! SECURITY NO Conserva item ie cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Double, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident I, suicide I, homicide I, undetermined I. 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BM REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR TOTAL ME ARLLE , MILE

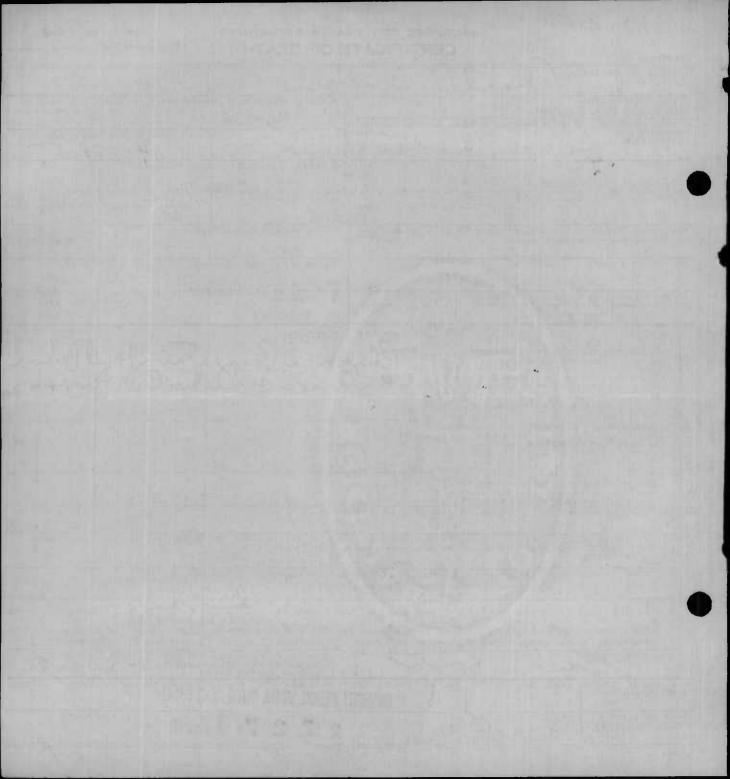
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TUCKER BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO of March 5, 1950 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township South Baltimore General Hospita Baltimore carefull D. STREET ADDRESS (If rural, give location) Unknown Mos. Length of stay in Baltimore St. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? HIK NOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autorsy, Inspection or Inquiry, find that said declased died on the day stated above, and death in my opinion resulted from: natural causes of, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATUR 23B. CHIEF MEDICAL EXAMINER .... 1 23C DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCAT LOM (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 151



write

important.

202

50 2726

BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mar. 22,1950 JOSEPH WHITING DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1820 Etting St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1820 Etting St. Length of stay in Baltimore Days 6. COLOR OR RACE 5 SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in year: last hirthday) Months Days Hours Min. Colored Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laborer OPD JURS Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ohn Whiting Catherine Brooks 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or noknowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. M's Catherine Whiting 1820 Etting & 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID about home, farm, factory, street, office hldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 1900, to Man h 22, 1918, that I last saw the yav 10 22. I hereby certify that I attended the deceased from\_ deceased alive on March 22, 1917, and that death offurred at 11.49 f m., from the causes and on the date stated above. 238. ADDRESS 234. SIGNATURE 23c. DATE SIGNED March 23, 1930 9an 24D. LOCATION (City, town, or county) 24B. DATE

24A. BORIAL, CREMA-TION, REMOVAL (Specify) Rurial

3-26-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE

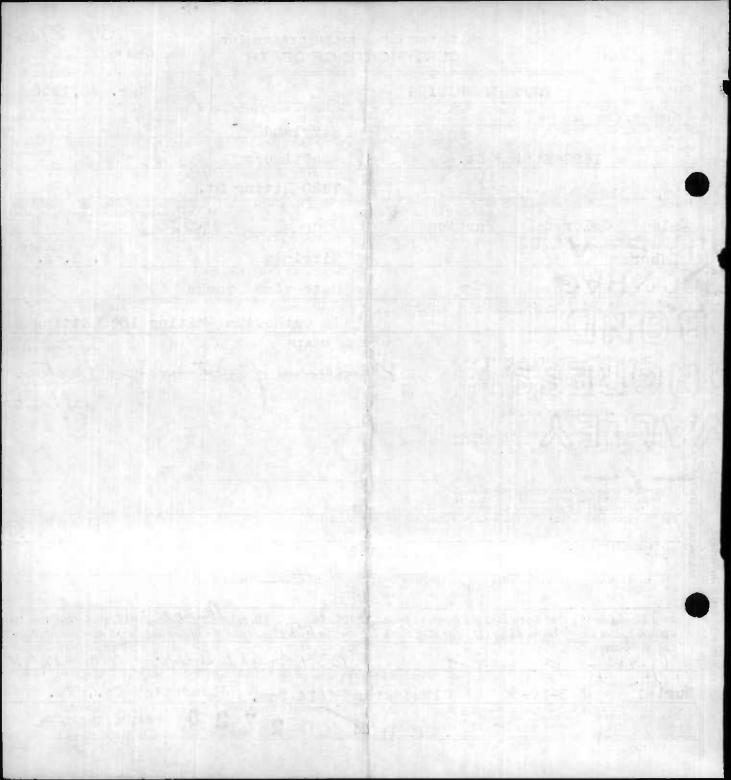
Glaucester Field Ceml.

Gloucester Co., Va. 25. FUNERAL DIRECTOR ADDRESS

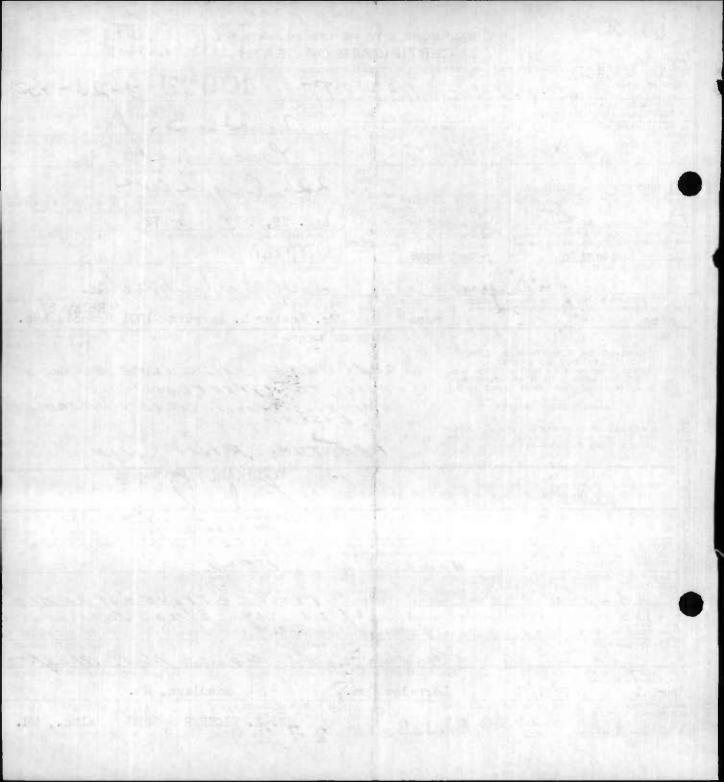
LOCAL REGISTRAR minister / Maule plans

(Mrs) Frances A. Hemsley

578 W. Biddle St.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OBEPHINE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) ausdown Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years WIDOWED, DIVORGED (Specify) last birthday) | Months; Days | Hours; Min. sordoned 72 Aug. 25, 1877 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME deal osehhme -owa 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Mr. Lester L. Barrett 1001 Francis Ave. none none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CENEBRAL VASCULAR ACCIDEN (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. write DUE TO DUE TO NYPERTENSIUS injury or complication which caused death.) ARTENIOSCLEDOSIC CARBIO-UPS QUERA ANTECEDENT CAUSES (B) 015EASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) FRACTURE RICKT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CHIEF OR ASST. MEDICAL EXAM (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or | 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 131741 HOME 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY > NOT WHILE FELL GETTING OUT OF BED WORK AT WORK L 22. I hereby certify that I attended the deceased from 2/ 23 , 1963, to 3/23 , 1900, that I last saw the deceased alive on 3/23, 1950, and that death occurred at 3:25 km, from the causes and on the date stated above 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED W 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) Woodlawn. Md. Burial Lorraine Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR J. TICKNER & SONS Balto. Md. 186 a N-820



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2728 Registered No.

93)

BI	RTH NO.			CLIVIII ICATI	- OI DEATH		
	NAME OF D	ECEASED	0171	D170 D 00107		2. DATE OF	
			CHA	RLES F. CRUSEY		DEATH	Mar. 23, 1950
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENC	E (Where deceased lived B. COUNTY	. If institution : residence before admission
В.	FULL NAME		al or institut	ion, give street address or	Md.		
	STITUTION	1825 Walbro	ok Ave-	location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
(	) ()	1050	JE :-10		Baltimore	13.	-04
Yrs. Mos.					D. STREET ADDRESS	(If rural, give location)	
-		tay in Baltimore		Days	1825 Walbrook		
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year- last birthday)	Months Days Hours Min.
	male	white		idowed	Oct. 5, 1874	75	
10 orl	10A. USUAL OCCUPATION (Givekind of ork done during most of work joe life, eyen if retired) retired painter Insurance Co.			11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
_	. FATHER'S				14. MOTHER'S MAIDE	N NAME	
	-				Kate -		
15 Yes	. WAS DECEASI	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		,,,,,,	JECORITI NO.	Miss Gertrude	orusey - 182	5 Walbrook Ave.
	18. L/ L/	3× .		CAUSE	OF DEATH		INTERVAL BETWEEN
H	1	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	" Olive	eral Hello	rukage	Smorth
	heart failt	re, asthenia, etc. It mea	ns the diseas	se,			
	injury or			1/	1 1	7 1.	
7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  LIEBAL HUMBER  SMANI  (A)  LIEBAL HUMBER  (B)  DUE TO						la
<u>o</u>		S OR CONDITIONS,		NG //	din	24-0	•• •• •• •• •• ••
AT	UNDERL	THE ABOVE CAUSE (A)	STATING T	HE DUE TO	auc	ase.	
FIC							
Ë		II -		(C)			
ER	OTHER SIGNIFICANT CONDITIONS CON-						
U		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
Y	ISA. DATE	OF OPERATION O	SB. MAJOR	FINDINGS OF OPER	ATION		YES NO
CA	21A. ACCIDI	ENT, SUICIDE.	218. PL	ACE OF INJURY (e.g., is	n or   21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
EDI	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
Σ	21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	2-	Marchan	GO.
	A	y certify that I att	ended the	deceased from	1930, to	July 2319	5, That I last saw th
	deceased		1970			om the eauses and or	n the date stated above
	23A/SIGNA	12 T. VAIN	1	STATE OF THE PARTY OF	SHADDRESS	Att The	123c. DATE SIGNED
2	44 BURIA	CREMA- 24B. DATE	1	M. D.   24c. NAME of CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, to	own, or county) (State)
TI	AA. BURIAL.	Specify)			The second of the		
	Burial ATE RECEIVE	3/25/50 D BY   REGISTRAR		Druid Ridge	25. FUNERAL DIRECT	Pikesville, M	ADDRESS
	OCAL REGIST			liands, Miss.		CKNER & SONS	Balto., Md.
	MAR 241	JOU! minua	W / / / /	remus / / /	2737	TOWNS OF SOME	Dar oo , Mu
	VS 150	· ·	1		- 0 (		930

OF SELECTION OF SE A STATE OF THE REAL PROPERTY. 

22. I hereby certify that I attended the deceased from deceased alive on

1950 to \_, 19\_\_\_, that I last saw the 3/22 1950 and that death occurred 19/2 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23C. DATE SIGNED 22

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

clearly

death

causes

Physicians:

80

24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county)

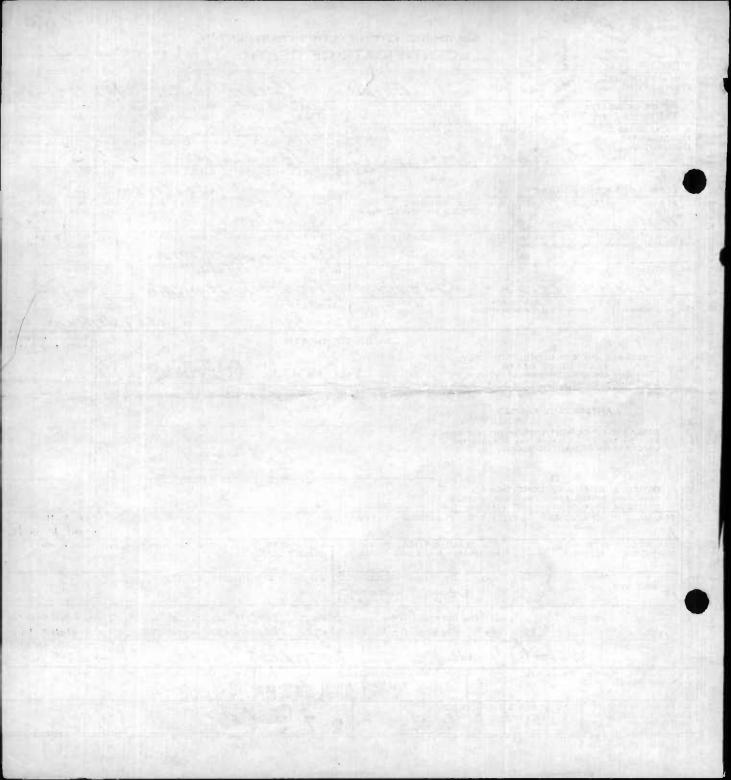
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE untivator Hallacus

24B. DATE

ADDRESS

VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2730 Registered No.

E	BIRTH NO.			
1	Type or Print) Tames Winter.	2. DATE OF DEATH 2	-20-50	
	B. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
12	s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR   location)	G. CITY OR TOWN (If outside corporate	limite multi-DITDAY	
1	NSTITUTION MOREY 6/100/Tol	12 14	limits, write RURAL and give township)	
	Yrs.	o. STREET ADDRESS (If rural, give location	1)	
	Length of stay in Baltimore 37 Days	1218 What coat	· St.	
4	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year last birthday)	Months Days Hours Min.	
1	OA. USUAL OCCUPATION (Give kind of   10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF	
WO	wh done during most of working life, even if retired)	Maryland	WHAT COUNTRY?	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 4 3 17	
	Andrew & unter	7Mary Young	V	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, no or nnknown) (If yes, give wer or detes of service) SECURITY NO.	17. INFORMANT	ADDRESS	
_				
		OF DEATH	ONSET ANO OEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Bronchepneumonia	1 ula	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)	a portunitive		
	ANTECEDENT CAUSES			
Z	(B)			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO			
N O	UNDERLYING CONDITION LAST,			
RTIF	[] (C)	Trition - lotal gast	hectores	
Ш	TRIBUTING TO THE OEATH, BUT NOT RELATED	duration	0	
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER		20. AUTOPSY?	
CAL			YES NO	
EDIC		21c. WHERE DID (If in Baltimore Cite.) 1NJURY OCCUR?	ty, give exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?		
	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK			
	22. I hereby certify that I attended the deceased from 2-1	(3 , 1950, to 2 - 20 , 1	950 that I last saw the	
	deceased alive on 2-20, 1950, and that death occur	red at 2 m., from the causes and c		
	Marie F. Jechal	38. ADDRESS	23c. DATE SIGNED	
2	M. D.  24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION (City, t	own, or county) (State)	
T	ION, REMOVAL (Specify)	MEDICAL ACHARIT MAK T. S. 1950.		
E NL	DATE RECEIVED BY REGISTRAR S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
1	TAR 24 1950   6 5 C	) C COULDING TO A STATE OF THE		

Tada wis In Mere May Mary 3/24/30

620
50 273
A NAME OF DE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2731
Registered	No	

93)

	I. NAME OF D (Type or Print)	Chai	rles	MYERS :	SP.	OF OEATH	19ch 22/1900
1	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)  INSTITUTION PINC CREST				4. USUAL RESIDENCE (VA. STATE	Where deceased lived, I	f institution; residence before admission)
1					c. city on the more	f outside corporate lim	its, write RURAL and give township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	. Length of s	tay in Baltimore		Mos. Days	513 S. Robins	on St.	
	M.	6.COLOR OR RACE	7. SINGL WIDOV W100	E, MARRIED, VED DIVORCED (Specify)	1/18/1873	9. AGE (In years)	H Under 1 Year H Under 24 Hours Conths Days Hours Min.
1 we	OA. USUAL OC ork done during most of night Wa	CUPATION (Give kind of of working life, even if retired) a Chinan		o of Business or industry	Balto. Md.	oreign country)	U.S. CITIZEN OF
1	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
F	rederic	k Myers			Elizabeth Mil	ler	
C	(es, no or nnknown)	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Charles Myers		Lindwoodve
-	18. Uz	21		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			, ,	ONSET AND DEATH
		LEADING TO DEA	TH	· Chro	nic Myocara	itrs =	VEMES
	heart failu	re, asthenia, etc. It mea	ns the diseas	se, MYO	CARDIAL Dege	HERATION	)
	anguay or	ANTECEDENT CAUS		APT	reioscleretic		
1/2		? WEARS					
	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	NG DUE TO	sclenosis		9 1
TA	UNDERL	YING CONDITION LA		HE DUE TO	30(0)(0)		
DTIELC				(C)	***************************************		
F	OTHER S	II SIGNIFICANT CONDI	TIONS CO				
1910	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ED PARTIAI M	ARAlysis boto	1 /245	5 Ye Mes
	19A. OATE C				ATION		20. AUTOPSY?
FDICA	21A, ACCIDE HOMICIDE	ENT, SUICIOE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
2	21D, TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	EO 21F. HOW OID INJUR	Y OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE			
1	22. I hereb	y certify that I att	ended the	deceased from 14	ne 1 , 1948, to M	ARCH 22 , 195	od, that I last saw the
	deceased a	live on MARCH 21	, 1950	and that death occur	red at 9.3. A m., from t	the causes and on	the date stated above.
	23A. SIGNA	luis n.	Bno	lan M.D. 2	3B. AODRESS W. 7	Payette 47	3/22/SD
	Burial Burial (S			Balto. Ce		th Ave. &	
-	DATE RECEIVE	D BY   REGISTRAR	S SIGNATI		25. FUNERAL OIRECTOR	erit (170	ADDRESS
	MAR 24'19	150 Liverior	Willia	maling E O	larence F.2 Ho	fmann 1639	N.Broadway

### THE PROPERTY OF THE PROPERTY O

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	A PART THE A PER A

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF OECEASED 2. OATE (Type or Print) OEATH / NOA 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' f outside corporate limits, write RURAL and give INSTITUTION (township) Yrs. (Li rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED should be WIDOWED, DIVORCED (Specify) 00 6-10A. USUAL OCCUPATION (Give kind of ork done during most of working life even if retired) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 5 death R'S MAIDEN NAME informati 14. MOTH 15, WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, pp pr upkppwp) (If yes, give war or dates of service) SECURITY NO. of INTERVAL BETWEEN y item 18. CAUSE OF DEATH ONSET AND DEATH bral Hemorilage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) ..... L 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 218. PLACE OF INJURY (e. g., in nr 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from March 20 . 1950 that I last saw the WRITE ge is esp deceased alive on house 3 , 1952, and that death occurred at 10 A m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNEO PLEASE W. BURIAL, CREMA-LOCATION (City, town, or county) EMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

SedicuM BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution residence A. Baltimore City, Maryland 1015 morley 51 B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, nive street address or location) C. CITY OR TOWN (If cutside corporate lights, write RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If al, give location) Mos. c. Length of stay in Baltimore Days 7. SING F. MARRIED 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OF RACE 8 DATE OF BIRTH WIDOWED, DIVORCED (Specify) 8:5-12-8-18647 Nidoured 10A. USUAL OCCUPATION (Givekind of ) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME enan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Smorley ST 332 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Un terri Heleson DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK

22. I hereby certify that I attended the deccased from 3/3 1950, to 2/2/ . 19 0, that I last saw the deceased alive on 3/21, 1961, and that death occurred at 3 30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C/DATE SIGNED ark 13 M W 24A. BURIAL, CREMA-4c. NAME OF CEMETERY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) 3-21-

DATE RECEIVED BY LOCAL REGISTRAR 241950

REGISTRAR'S SIGNATURE

DIRECTOR 222530 mel

before admission)

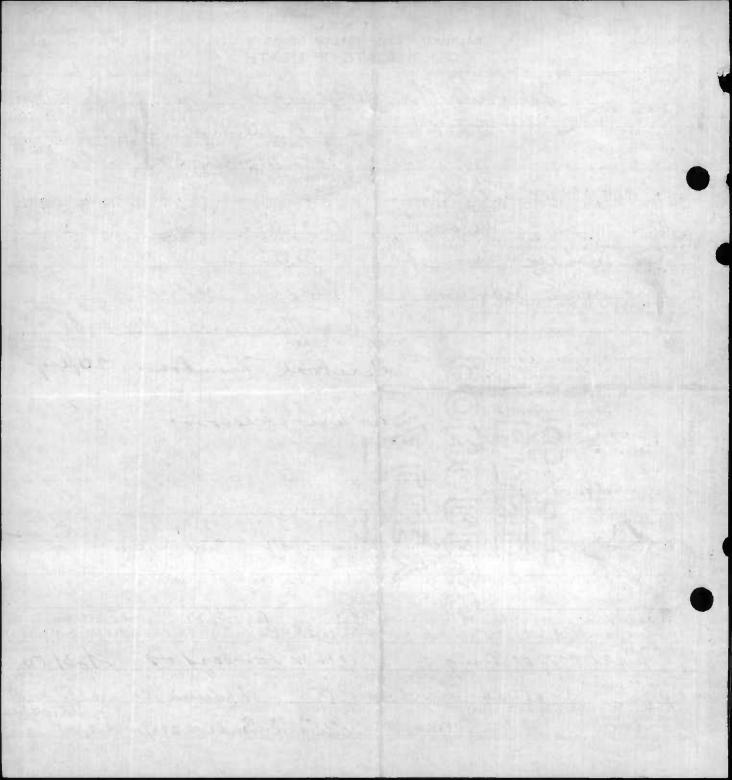
township)

li Under 24 Hours

WHAT COUNTRY?

20. AUTOPSY7

12. CITIZEN OF

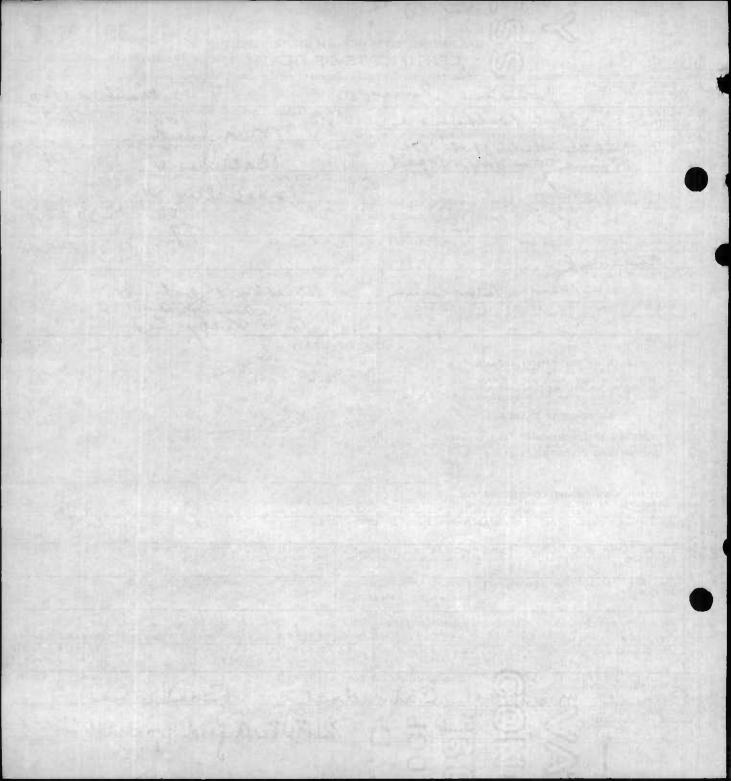


correct age is especially important.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2734

1	2734 IRTH NO.	CERTIFICATE	E OF DEATH	Registered N	To			
	NAME OF DECEASED James	- Jones	7	2. DATE OF DEATH Moans	L 23/50			
B.		tution, give street address or location)	A. STATE  C. CITY OR TOWN (If	There deceased lived. If				
IN A	STITUTION Selle Ander To	- aged	Ball	Duore in the control of the control	6 -Otylvnship			
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	(1)				
	SEX   6. COLOR OF RACE   7. SING	CLE, MARRIED.  DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   II	Under Year H Under 24 Hauss onths Days Hours Min.			
10 wor	A. USUAL OCCUPATION (Givekind of k doneduring most of working life, even if retired)		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME / homas B.	media	14. MOTHER'S MAIDEN NA Wouth a	4	,			
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yee, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Sile	11 11	DENESS			
RTIFICATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused destance of the complex of the com	e.g., (A)	lema Lung Leusive Cardio Va	iseulai Desi	INTERVAL BETWEEN ONSET AND DEATH			
L CE	TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION () 19B, MAJO		ATION		20. AUTOPSY?			
MEDICA		PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		f in Baltimore City, s	YES NO L			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT HOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased alive on Mc 22, 1950 23A. SIGNATURE & Gill Hall	_, and that death occur	red at 2:30 A.m., from to	he causes and on th	C, that I last saw the date stated above 23c. DATE SIGNED Mch 29 1950			
1	4A. BURIAL, CREMA- ON, REMOVAL (Specify)  May 27/50	Cathe	dral 5.	Balleuro	u			
Pro	ATE RECEIVED BY REGISTRAR'S SIGNA OCAL REGISTRAR  AR 2 4 1950	TURE CAULANTE	25. FUNERAL DIRECTOR	eld 900 Bi	ADDRESS ALL ST			
	VS 150	MINSTER !	0		93)			



legibly.

the causes of death

Physicians: please write

impor ant.

## GARRISH

2735

B	RTH NO. 273	35	C	CERTIFICATE	E OF DEATH	Registered I	No.
	NAME OF Di ype or Print)	ECEASED N	Ellians	- Garris	h	2. DATE OF FLOW	423,1950
3. A.	Baltimore C	EATH: City, Maryland	Balt	inforce_	4. USUAL RESIDENCE (V		
20	SPITAL OR ISTITUTION	0. ~	ital or institution	n, give street address or location)	c, City or town (if	oviside corporate limit	ts, write RUHAL, in give (ownship)
	Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	SI
5.	M,	6. COLOR OR RAC		MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH 29, 1865	9. AGE (in years)	ff Under 1 Year H Under 24 Hours on the Days Hours Min.
ork	done during most o	CUPATION (Give kind of working life, even if retire	of 10s. KIND (	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	ereign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	Shar Shar	les 4	arrish	Margart		
15 Yes	. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or da	ED FORCE? tes of service)	16. SOCIAL SECURITY NO.	17. INFOFMANT Sist	. / 1.	DDRESS
	18. 42	21		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	ATH of dying, e.g., eans the disease,		te Bronelill	/	4day,
	ANTECEDENT CAUSES			Caronie My ocardelis			5 415
0120	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
		н		(C)			
247	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1	19A. DATE O	F OPERATION	198. MAJOR F	FINDINGS OF OPER	ATION		20. AUTOPSY?
200	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		E OF INJURY (e. g., in m, factory, street, office bldg., e	or 21c. WHERE DID (I	if in Baltimore City,	
N.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  m. WHILE AT NOT WHILE AT WORK				21F. HOW DID INJURY	OCCUR?	
	22. I hereby	22. I hereby certify that I attended the deceased from Mah 20 , 1950, to Mich 23 , 1950, that I last saw the					

especially 20 age

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

23A. SIGNATURE

deceased alive on Ma 22- 1950, and that death occurred at 12:054n., from the causes and on the date stated above.

238. ADDRESS

16318

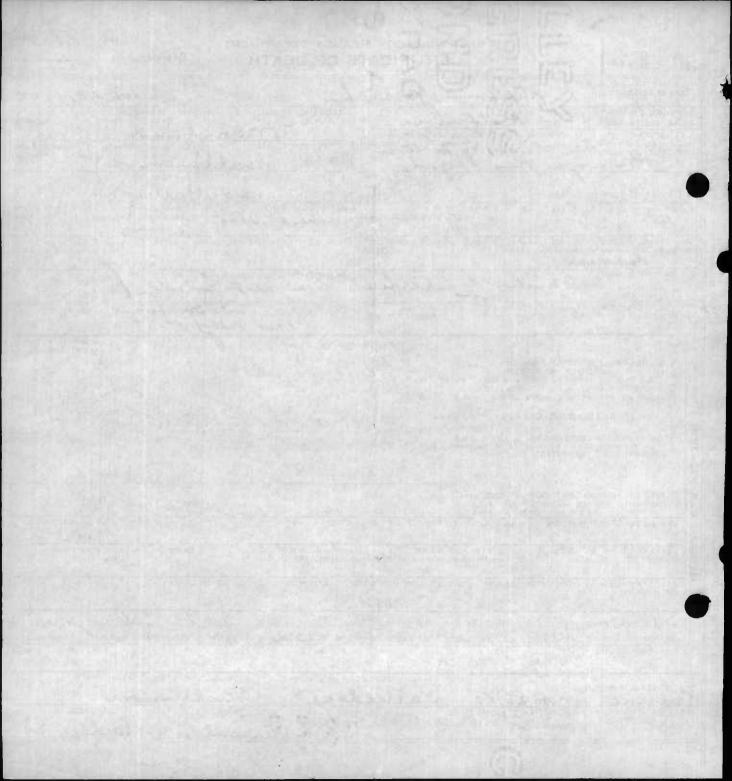
North ave mch 24-1950 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

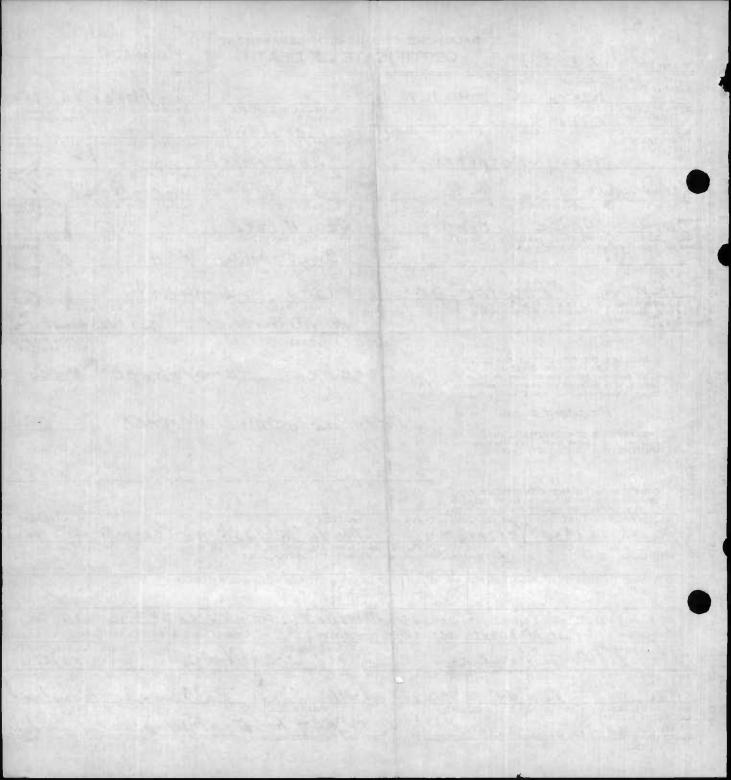
Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY

ADDRESS 25. FUNERAL DIRECTOR

LOCAL REGISTRAR

23c. DATE SIGNED





If Under 1 Year

ADDRESS

12. CITIZEN OF

before admission)

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES

Noo

ADDRESS

Min Belling Less helpen in the - to resident in the nitia in in male tra en il con miles in the contract of the second k ....

12, CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

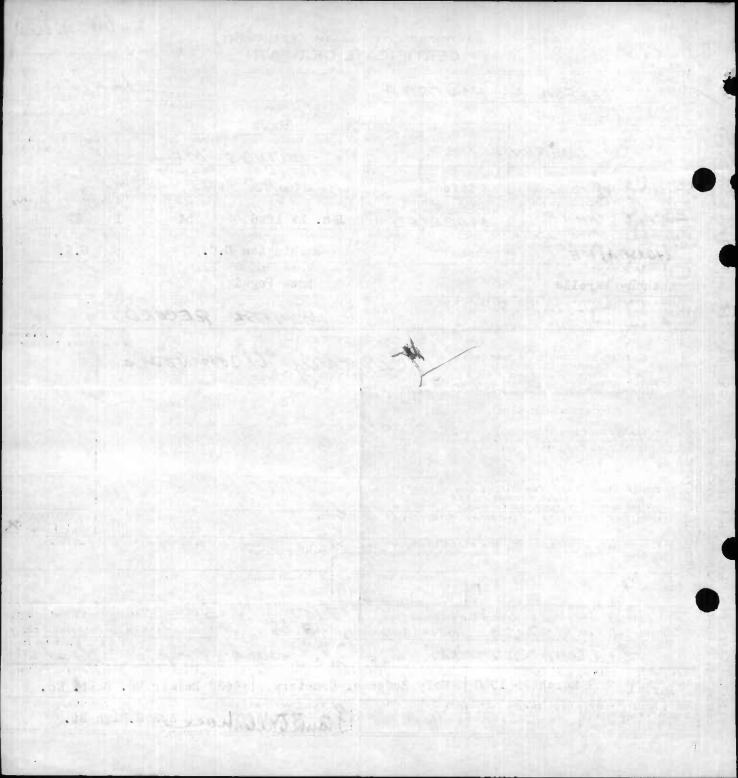
ONSET AND DEATH

20. AUTOPSY?

23c. DATE SIGNED

before admission)

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH inamauls 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospitabor institution, give street address or HOSPITAL OR atthal autocation) C. CATY OR TOWN INSTITUTION General: D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME (Yes, no or unknown) (If yes, give for dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Broncho-Pneumania Mch. 22to (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Multiple Sclerosis. TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 10 , 19 , to Mch. 24/50 19 , that I last saw the deceased alive on Mch. 24/50. and that death occurred at6. A. Mm., from the causes and on the date stated above. 23A. SIGNATURE Hanover Balto 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 300 Old Tresk. 16

DATE RECEIVED BY

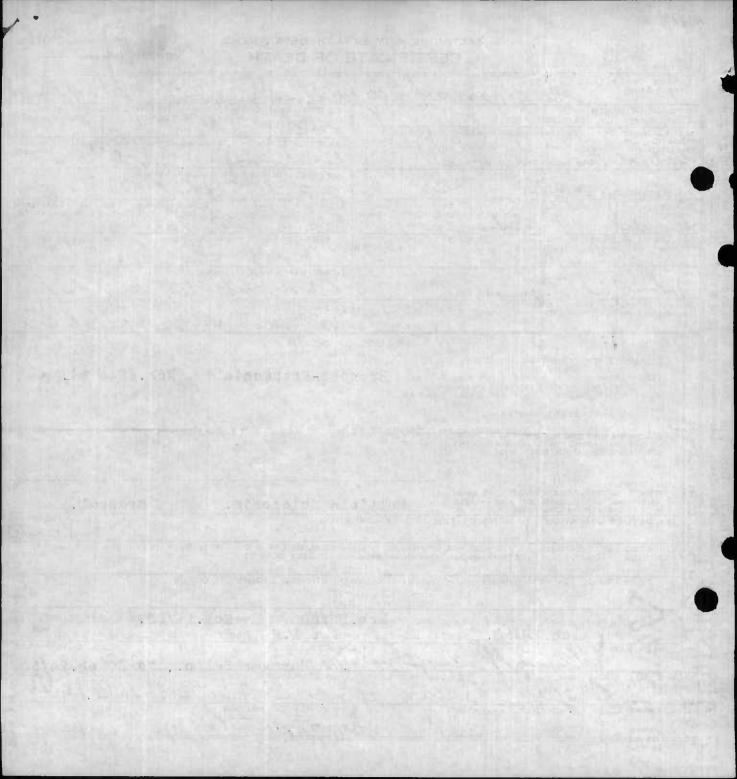
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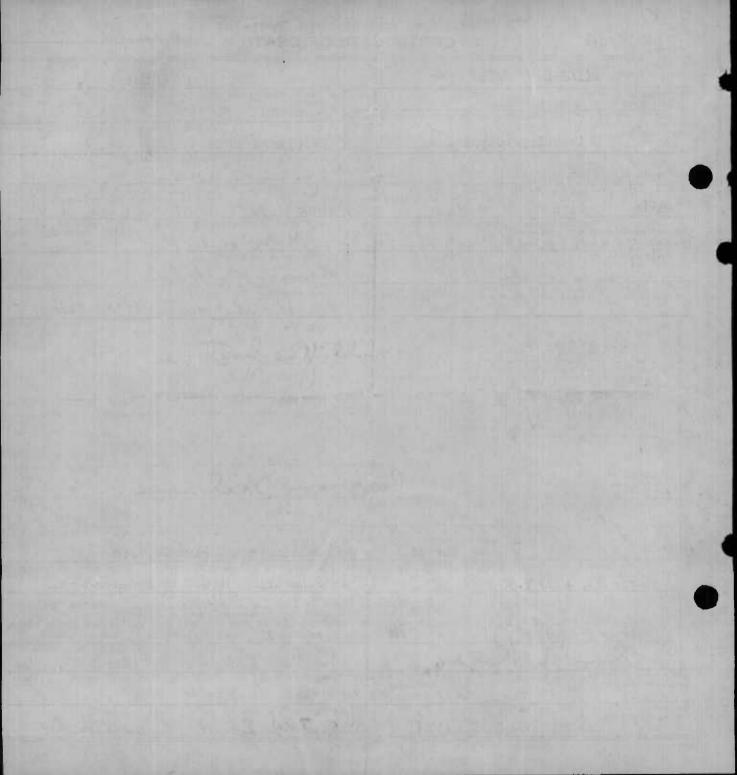
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30Mck 24/50

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M.JA. JARKSON. 916 PENNA. AVE-

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WHAT COUNTRY?

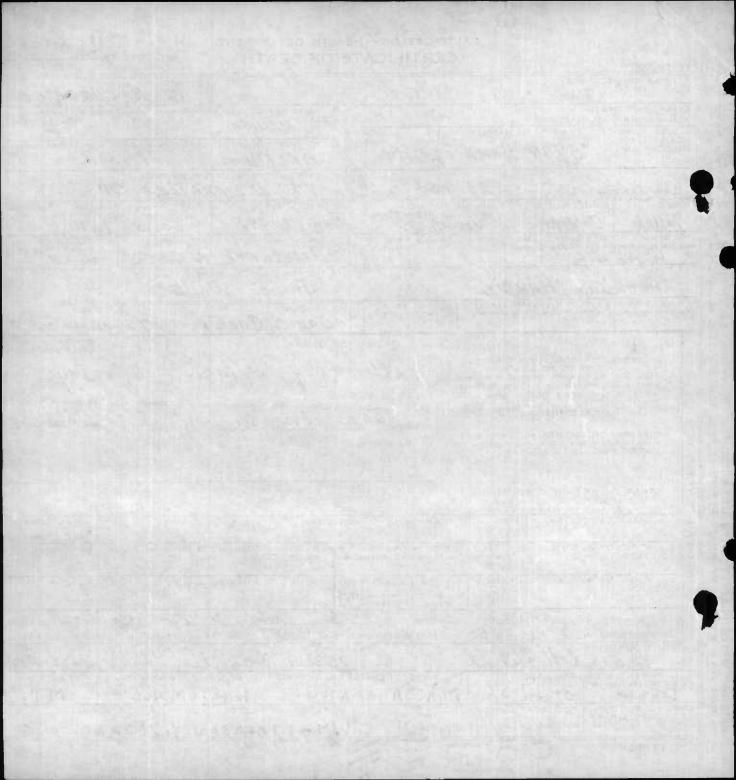
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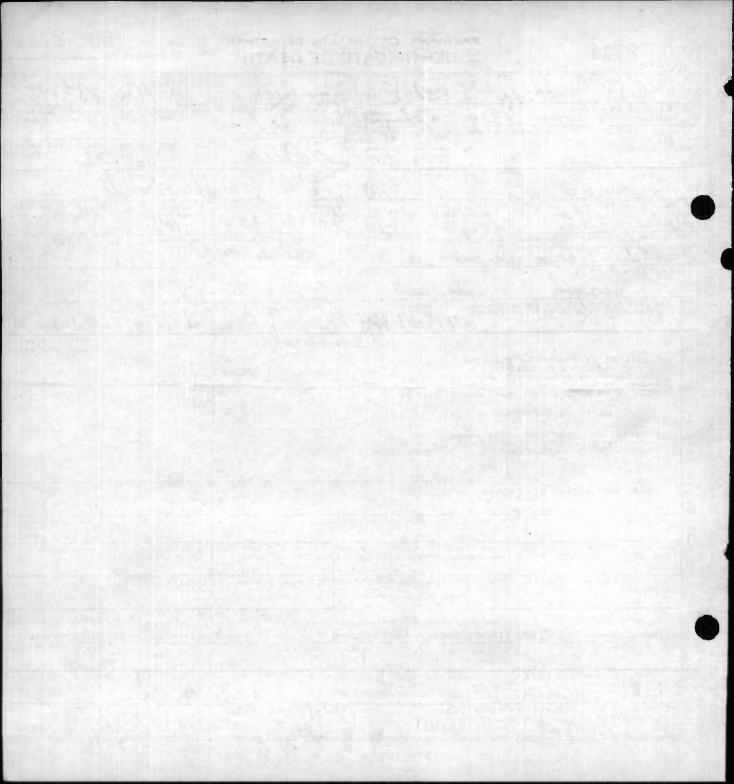
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DAT€ (Type or Print) DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or carefully segibly. HOSPITAL OR location) OHNS HOPKINS HOSPITER C. CITY OR TOWN (If outside corporate limits, write RORAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) 9 Yrs. Mos. c. Length of stay in Baltimore Argvle Ave Days 5/SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | It Under I Year | Il Under 24 Hours last birthday) Months Days Hours Min. 6 QOLOR OR RACE WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during mout of working life, even if retired) INDUSTRY WHAT COUNTRY? Fruitland Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Valter Turnin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Loui go Steveson 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of cervice) SECURITY NO. causes JOHNS HOPKINS HOSPITE NO NTERVAL BETWEEN y item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OFERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL d Ca Extended to Ubs about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK , 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from\_ 2 19 10, and that death occurred at m. from the causes and on the date stated above. deceased alive on\_ 23c. DATE SIGNED 23A SIGNATURE 23B. ADDRESS Lober 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE Eastern Shore Md 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE PCAL REGISTRAR 1000 Brantly VS 150

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THE REAL PROPERTY.	estially
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50 2746 y.R.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2746 Registered No.

В	RTH NO.	11.					
	NAME OF D	Sharon	L. Cros	SS	6-25-20-20-5-10	2. DATE OF DEATH Marc	ch 24,1950
A.		City, Maryland	-	lose Street	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
0	0				Baltimore		06
c.	Length of s	stay in Baltimore	2	MOS Yrs.  Mos.  Days	815 N. Ro	(If rural, give location) ose Street	
	sex emale	6.COLOR OR RACE white	MIDON	E. MARRIED. VED, DIVORCED (Specify)	Jan 22,1950	last birthday) Mo	Under 1 Year It Under 24 Hours nths Days Hours Min.
	done during most	CUPATION (Give kied of of working life, even If retired)	1	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	nor			none	Maryland, Anne Arundle Co. U.S.		
13	FATHER'S				14. MOTHER'S MAIDEN NAME		
		oland Cross			Rita Kuzn	na	
15 (Ye	NAS DECEAS E, no or onknowo)	ED EVER IN U.S. ARME (If yes, give wer or date NO	D FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Rita & Rolar	nd Cross, 815 N.	Mose Street
	18. 7 W	JI		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OF CONDITION	DIRECTLY				DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure eathering etc. It means the disease.  (A) Canuyotana Cargainta.						2 mos.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or	complication which	caused deatl	i.) DUE TO		V	
	The state of	ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS.	= 111V 611VII	(B)			
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING T				
CA	UNDERL	YING CONDITION L	AST.	1			
Ē	(C)						
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-						
CE		G TO THE DEATH, BUT					
				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL							YES ND
EDICA	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					(If in Baltimore City, g	rive exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	OF INJURY			WHILE AT NOT WHILE			
	m.   WORK   AT WORK						•
	22. I hereby certify that I attended the deceased from Warch 24, 1950, to Warch 24, 1950, that I last saw the						
	deceased alive on March 24, 1950, and that death occurred at 8.43 A.m., from the causes and					om the causes and on th	
					38. ADDRESS	1. 0 (+	23C. DATE SIGNED
	allyst, C. Herrinann M.O.					leval St.	March 24, 1950
2	AA. BURIAL, ON, REMOVAL (	Specify)		24c. NAME OF CEMETE	RY DR CREMATORY 24	4D. LOCATION (City, town,	or county) (State)
	Burial 3/25/50 Holy Redeemer			Cemetery B	elair Road, Balt	to, Md.	
	ATE RECEIVE		SSIGNATI	JRE	25. FUNERAL DIRECT	FOR	ADDRESS
1	OCAL REGIST	950 Luctury	行 // 成	Lather Man 15	chonunek Funer	al Home 2601-3-5	E. Madison S
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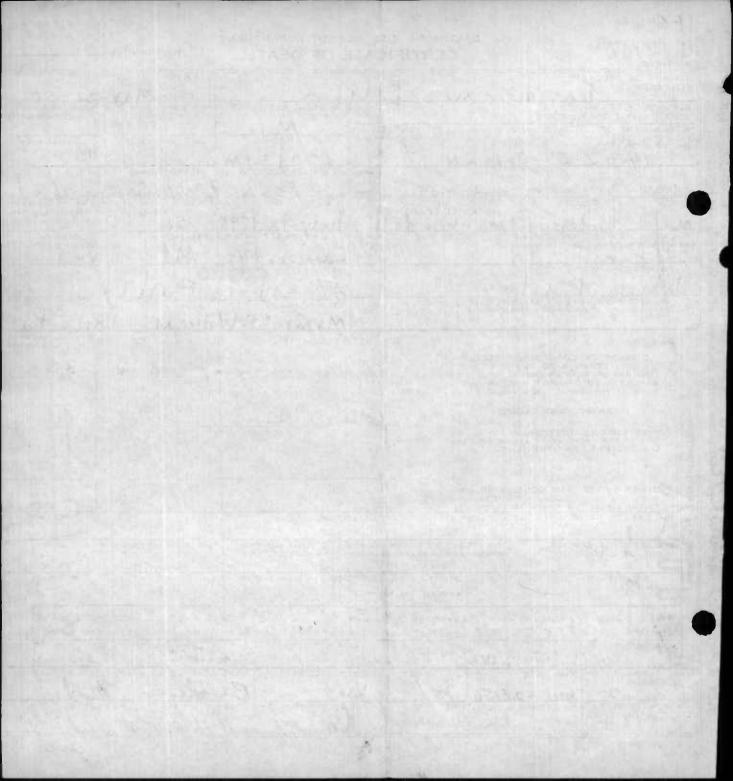
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The C	4 0 B	50 2747 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	2747				
supplied.	3. A.	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or street address	2 - 50 tion: residence before admission)				
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and le	N	E. Length of stay in Baltimore  2 - MAS  6. COLOR OR RACE  7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  WAS COLOR OF RACE  7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  What Color of Married.  Marrie	est if Under 24 Hours Days Hours Min.				
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s: please	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	2.				
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e is ey		deceased alive on 5 - 1 , 1957 , and that death occurred at Sis Com., from the causes and on the date	E I last saw the e stated above.  DATE SIGNED  24-50				
correct age		24a. BURIAL CREMA. 246. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D TOCATION (City, town, or courting, REMOVAL (Specify)  Man. 25-50  M. Calving  Brothly  Mon. 25-50  REGISTRAR'S SIGNATURE  COLL REGISTRAR  REGISTRAR  ADDE	nty) (State)				
		MAR 24 1950 Tuntington Williams, 11 Holland French Home. 1631. January	1+ ll				

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

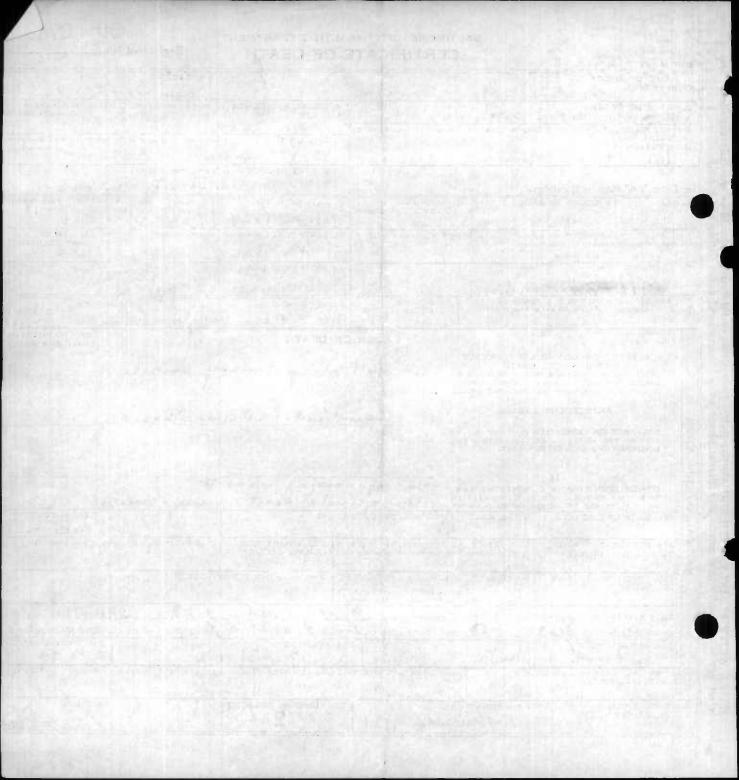
50 2748

Registered No .\_\_ 1. NAME OF DECEASED 2. DATE Mar. 23, 1950 MARGARET ELIZABETH WARNER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. Baltimore City, Maryland Md. before admission) 8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2331 Harford Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 2331 Harford Rd. c. Length of stay in Baltimore 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. Aug. 8, 1869 female single 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never worked 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Warner Elizabeth Ament 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Wesley W. Gore 715 Murdock Rd. no INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT 1949, to mer 23, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Sept. deceased alive on 22, 23, 1950, and that death occurred at 10/15 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 1/24c. NAME OF CEMETERY OR CREMATORY Burial Loudon Park Cem. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 RUNERAL DIRECTOR LOCAL REGISTRAR WM.J. TICKNER & SONS Balto. Md.

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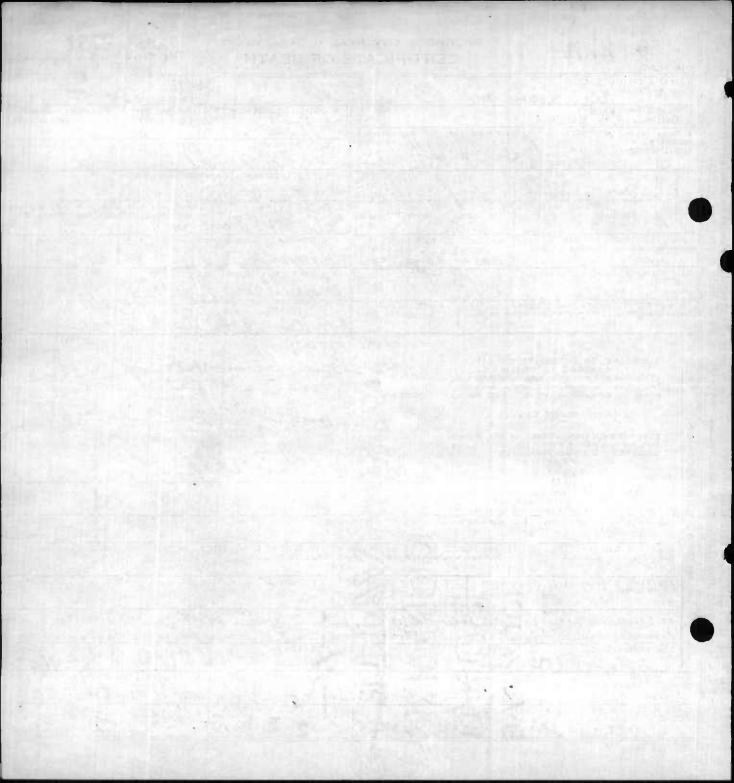
50 2749 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) Conklin DEATH May aura. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Md. A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Union 15 Nemovis Iha Yrs. D. STREET ADDRESS (If rural, give location) Mos. University c. Length of stay in Baltimore Days AGE (In yours | | Under | Year | | If Under 24 Hours | last birthday) | Months Days | Hours | Min. 7. SINGLE, MARRIED 9. AGE (In yours) 6. COLOR OR RACE 5. SEX WIDOWED, DIVORCED (Specify) white 443. 60 Widowad clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Office Worker Maryland U.S.A. death 14. MOTHER'S NAIDEN NAME 13. FATHER'S NAME GINIAS ILTON of 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. E. Edgar Ihompson Daugh causes No of INTERVAL BETWEEN CAUSE OF DEATH y item 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION HI important. 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) PLAINLY, cially impo 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 195 that I last saw the 195 22. I hereby certify that I attended the deceased from\_ 1950, and that death occurred at 9: 30 m., from the causes and on the date stated above. deceased alive on 3/2-3 23c. DATE SIGNED 23A. SAGNATURE 3/23/50 Tran M 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE ADDRESS EUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE minigrow / fillacill VS 150



1-	12	BALTIMORE CITY	HEALTH DEPARTMENT \/ 50	2750
1 5			TE OF DEATH Registered No.	~,700
		NAME OF DECEASED  The Cyrus T. MASSIE	2. DATE OF DEATH 3 /29	1/50
suddns	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in bospital or institution, give street address	A. USUAL RESIDENCE (Where deceased lived If institu	before admission)
III	HC	OSPITAL OR location		
egibly.	31	Jurch Home & Hospital  Yr. Mo	5 7813 Month TRA	5300
y and le	-	Length of stay in Baltimore  Day  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years It Under )	
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Every Item write the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	stro-intestinal hemorrhage.	5hrs
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ADING J	EDICAL CERTIFICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	chosis of liver	14
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7		22. I hereby certify that Lattended the deceased from deceased alive on 24 man, 1950, and that death oc		at I last saw the
is e	ß	deceased alive on 1 47741, 1900, and that death oc	238. ADDRESS	c. DATE SIGNED
t age	2. TI	ON REMOVAK Specify) (2/ 9/-50	TERY OR CREMATORY 24D. LOCATION (Vity, town, or co	
PLEAS correct		DATE RECEIVED BY REDISTRAR'S SIGNATURE OF THE STATE OF TH	S. FUNERAL DIRECTOR ADDITIONS ADDITIONS TO SMITCHELL & S.	ons inco
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1 . 183 / / ) 1	HEALTH DEPARTMENT 50 ATE OF DEATH Registered	2751			
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mar. Simon Bea	ttie 2. DATE OF DEATH 3/2	4/50			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f vistitution: residence before admission			
B. FULL NAME OF (If not in hospital or institution, give street address locat locat INSTITUTION	tion \	ts, write RURAL and give			
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c. Length of stay in Baltimore	fos. lays	KII. 1. 1 V 1 KK 04 II.			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years) last birthday) M	onths Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	R 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	9.57			
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	I D D D D D D D D D D D D D D D D D D D			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	· Mrs. Kenneth Beatie	DOMESS			
	SE OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	rebral Hemorrhand	- 10lips			
(This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
Z ANTECEDENT CAUSES	- 36 lue				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1.006				
(c) A	m & Williotlerseis				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?			
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e		give exact location)			
HOMICIDE (Specify) about bome, farm, factory, atreet, office b	bldg.,etc.) INJURY OCCUR?				
OF INJURY (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCU					
m.   work   AT WORK					
deceased alive on 19 detail attended the deceased from 19 deceased alive on 19 detail last saw the deceased alive on 19 detail and that death occurred at 2 m., from the causes and on the date stated above					
23A. SIGNATURE ( E. E. M. D.	LUNCH OU & HOLD	23c. DATE SIGNED			
24A. BURIAL. CREMA- 24B. DATE TION REMOVAL (Specify)	ETERY OR CREMATORY 24D. LOCATION (City, town	9/0 P (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL PIRECTOR	XDDRESS			
-AB 2 41950 Continues Asliquistic	Sandart Glaston Tel	a Pa			
V\$ 150 0 9812	4	42a			
		0 ~			

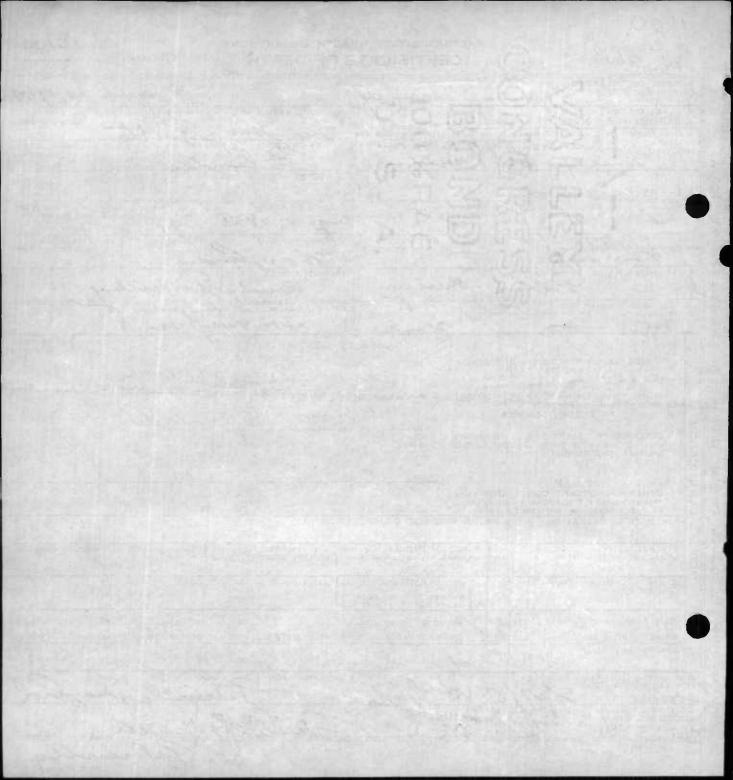


50 2752 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and the INSTITUTION Dt. DENEGICT D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Henedict -Days 6. COLOR OR RACE 7. SINGLE, MARRIED It Under 1 Year AGE (In years # Under 1 Year # Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify DINGLE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTR WHAT COUNTRY At-HOME HOUSE WORK 13. FATHER'S NAME SahanmELL VZCARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. 443 X CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e.g., io or (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? PLAINL 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 1900, to Hearle 2/ , 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 14, 1913, and that death occurred at/O \_m., from the causes and on the date stated above. 23A. SUNATURE 23C MATE SUGNED 24C. NAME OF CEMETERY OR CREMA 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B. DATE TION REMOVAL (Specify) 25 FUNERAL DIRECTOR LLRIAL REGISTEAR'S SIGNATURE ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150

CESTRECATE LEGIS

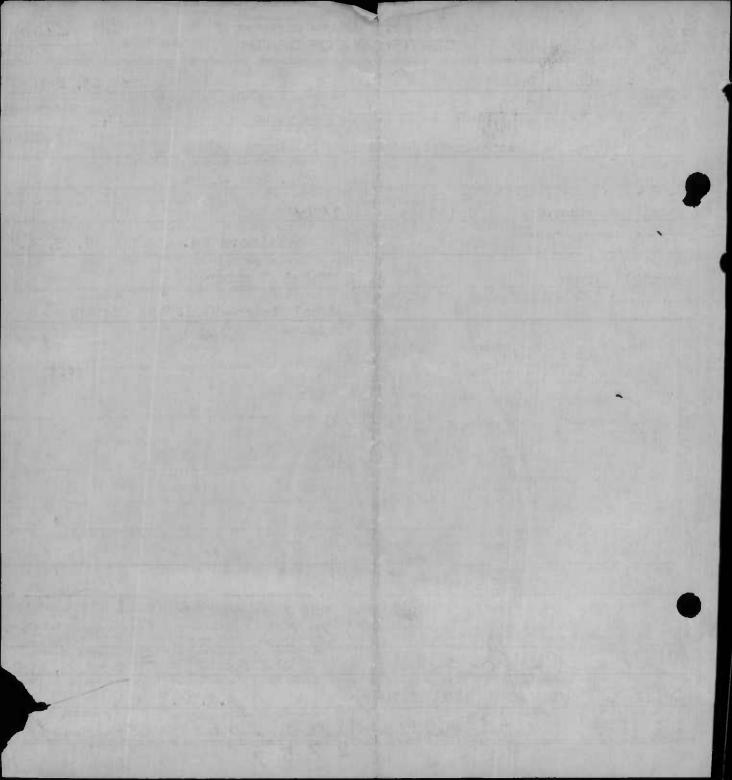
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JIL CER	HEICALE GURREULE	U_1-10-50		
	BALTIMORE CITY H	EALTH DEPARTMENT		0 2754
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	)
1. NAME OF DECEASED (Type or Print)  AMUEL SOHA	HARPER		2. DATE OF DEATH	24/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission
B. FULL NAME OF (If not in hosp HOSPITAL OR MARYLAND	ital or institution, give street address or location		outside corporate limits,	write RURAL and gi
INSTITUTION /////	HOSPITAL	BaLTIMORE		o 6 township
c. Length of stay in Baltimore	Yrs. Mos;	2130 No.	rural, give location)	ST.
Male White	7 SINGLE MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH883 9/25/18-5-4	9. AGE (In years H bast birthday) Mont	nder I Year If Under 24 Hou ths Days Hours Mir
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retired to the working life, even if retir		11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY
JOHN HARPE	R	14. MOTHER'S MAIDEN NA	ME	7
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or nnknown) (If yes, give war or da	ED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANTA RPE	RISON .	DRESS M D
18. 420.1	CAUSE	OF DEATH	RIGON	INTERVAL BETWEE
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m	of dying, e.g., (A)	RONARY ocal	usion	the.
injury or complication which		dias diasu	Sucrenter	R 110:
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION	) STATING THE DUE TO		<i>f</i>	J. J. Ot. o.
OTHER SIGNIFICANT CON	_(C)			
OTHER SIGNIFICANT CON TRIBUTING TO THE DESEASE OR CONDITION	T NOT RELATED QUILLY	o Silvasio.		10/40.
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		in Baltimore City, giv	
21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURS  WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
22. I hereby certify that I a	ttended the deceased from	1940 , 19 , to Lu	ale 22 ml 1950,	that I last saw th
deceased alive on Wars 1	2, 1950, and that death occu	erred at 2, 20 P.m., from th	ne causes and on the	date stated abov
Juonga Suonga	& E. Gress. M.D.	28 W 25 4 St. 1	Balto. 18 Tus	3-24-50
24A. BURIAL, CREMA- 24B DATE HON REMOVAL (Specify)	150 Parke	ERY OF CREMATORY 24D. LC	az Kville	r county) (State
DATE RECEIVED BY REGISTRAL LOCAL REGISTRAR MAR 2 5 1950	R'S SIGNATURE	25. FUNERAL DIRECTOR	1217 St. Pa	ADDRESS
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	42049			740

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V-		BALTIMORE CITY H	EALTH DEPARTMENT / 50	2756
The	50		E OF DEATH Registered No	
		NAME OF DECEASED DANS IT IN ALL	2. DATE OF MANEL	201 165
supplied		PLACE OF DEATH: Baltimore City, Maryland Wed-Oal6	4. VSUAL RESIDENCE (Where deceased lived. If institution and STATE B. COUNTY by	on: residence efore admission
ns		FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		ery
carefully.	IN	STITUTION ONES ROPERS HOSPITAL	d/CITY OR TOWN (If outside corporate limits, write I	township
	C.	Yrs. Mos. Davs Davs	D/STREET ADDRESS (If rural, give location)	
and la	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED DIVORCED (Specifs	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Yes	
clearly an	10 work	A. USUAL OCCUPATION (Give kind of done during fings to I working lift, even if retired)		IZEN OF AT COUNTRY
G C	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
informati s of death		Will Walkrey	Minerva Munick	
f info	15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes, give war or dayes of service)  (If yes, give war or dayes of service)	17. INFORMANTIAS HOPEIRS HOSPITAL ADDRESS	
causes		0 = : (1)		ERVAL BETWEE
item ie ca		DISEASE OR CONDITION DIRECTLY		ET AND DEATH
Every ite write the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	genital Heart Disease /	yyus.
	~	ANTECEDENT CAUSES	Maus Arteriosus)	
INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************
ING ns: 1	CA	UNDERLYING CONDITION LAST.		
AD ician	TIF	(C)		
UNFADINC Physicians:	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20	. AUTOPSY?
ant.	CA	21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, give exact	
LY, TH important.	MEDI	HOMICIDE (Specify) about home, farm, factory, atreet, office blds.	,etc.) INJURY OCCUR?	1000010117
AINLY	1	21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE AT WORK		
P.L.	4	22. I hereby certify that I attended the deceased from 3		last saw th
FE		deceased alive on 3 - 2-4, 19 5P, and that death occu	erred at 3:50 m., from the causes and on the date	stated above
WRITE PI		(Kalande C. Nor Lukkensen)	23B. ADDRESS 23C. 1	24/50
PLEASE W		M. D.    A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET  ON, REMOVAL (Specify)	THE NUMBER OF THE PARTY OF THE	y) (State)
PLEASE correct ag	K	Jurial 3/27/50 /	on Burtousville	mg
PLI	L	ATE RECEIVED BY REGISTRAN SIGNATURE	25 FUNERAL DIRECTOR ADDRE	ss nel
		IAR 25 19501 9 5 0 0	Light somalleon han	rec, ind
	1	VS 150	157	E

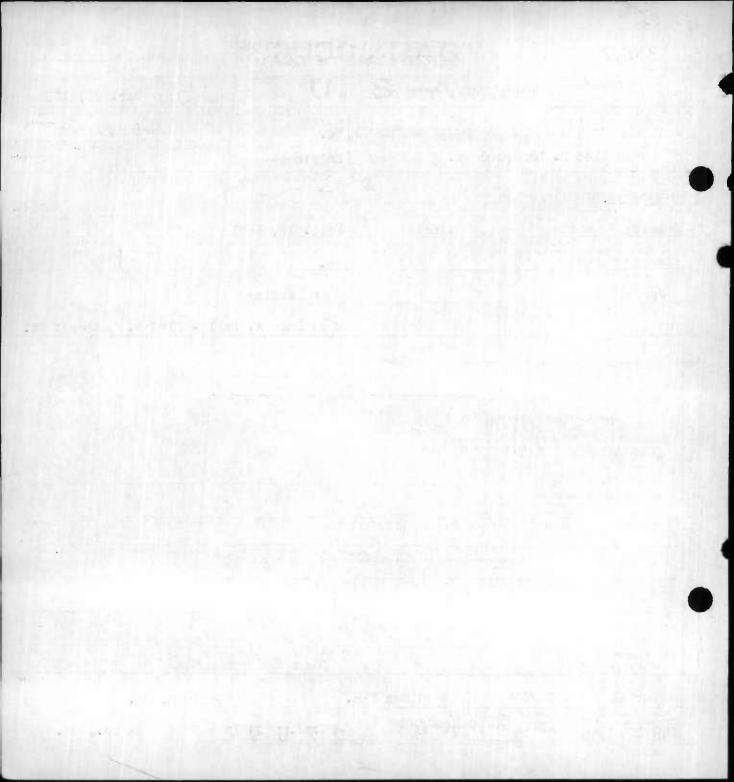
Cary sector Heat Domes / 10 pes 

50 2757 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CONSTANCE LOUISE COLES OF Mar. 23, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before a Northumberland A. STATE Va. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give efully INSTITUTION 1146 N. Longwood St. Hardings --D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female single white Sept. 13, 187] 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? never worked Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Coles Emma Harding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Miss Emma A. Ball - 1146 N. Longwood St. no NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH 25 gra DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT , 195 that I last saw the , 19.50 to\_ 22. I hereby certify that I attended the deceased from deceased alive on , 1950, and that death occurred at Z A. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY. 3/25/50 Burial Woodlawn Cem. Woodlawn. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR hutilator Hillams, Alex WM. J. CTICHNER & SONS Balto., Md. MAR 25

VS 150

before admission)

3 ma



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AH-redHRossman OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Daya 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year II Under 24 Hours last birthday) Months: Days Hours: Min. Didowed July 29, 1886 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maintenance Man 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR INDUSTRY Wholesale Drugs 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Wombold no m 220 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. causes no 215-01-6898 Mrs. Charles Prody 1011 Quantril Way CAUSE OF DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO (B) arterio Schentic Dyperton ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 3/23 1930 to 3/24 , 195 that I last saw the deceased alive on 3/24, 1950, and that death occurred at 7 A m., from the causes and on the date stated above. 28A. SIGNATURE 23B. ADDRESS uci / Jon

20. AUTOPSY (If in Baltimore City, give exact location) 23c. DATE SIGNED 24 LOCATION (City, town, or county) ADDRESS Balto., Md.

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

EMOVAL (Specify)
Burial

REGISTRAR'S SIGNATURE

Junior / Inhaus, Ald

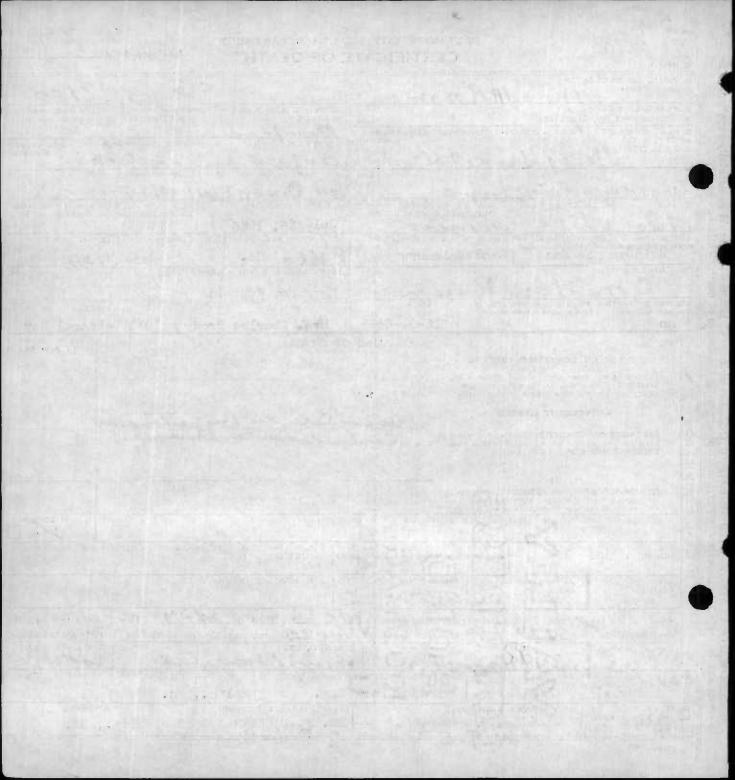
24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

Balto. Md.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

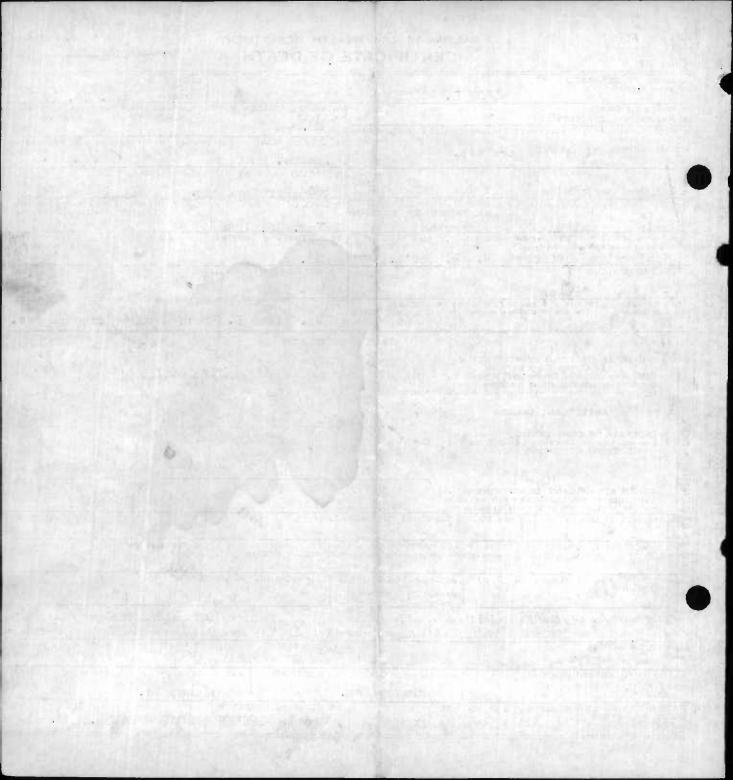


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2759

Registered No.

	NAME OF D	ECEASED	LEON	R. FOUCH		2. DATE OF DEATH M	ar. 24. 1950
A.		City, Maryland			A. STATE	NCE (Where deceased lived, I	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	(If outside cornorate lim	its, write RURAL and give
IN	STITUTION	5204 Fernpe	irk Ave		Balto.	28-	O 2 township)
				Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	
		tay in Baltimore	-	Days	5204 Fernp	ark Ave.	
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	If Under 1 Year If Under 24 Hours  Months Days Hours Min.
10	male A USUAL OC	white CUPATION (Givekind of	I 108 KINE	rried O OF BUSINESS OR	Nov. 25	tate or foreign country)	1 12. CITIZEN OF
work	done during most	of working life, even if retired)		INDUSTRY		take or roleigh country;	WHAT COUNTRY?
13	. FATHER'S	tion Officer	U.	S. Gov't.	Md •	IDEN NAME	
	TANDER O				14. MOTHER S MA	IDEN NAME	
15	. WAS DECEAS	Fouch ED EVER IN U. S. ARME	D FORCES?	1 16. SOCIAL	-		
	no or naknowa)		s of service)	SECURITY NO.	Mr. Alton		ADDRESS Fernpark Ave.
-	, ,	- 4				D. Poden DEOT	INTERVAL BETWEEN
	18. 44.	3 X			OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	ML	CARSIAL DEG	(======	3 DAYS
	heart failt	s not mean the mode ure, asthenia, etc. It mes	ans the diseas	se,	C/4/E 0//4/2 0 2 4	CEN. 4.171.//22V	
	injury or	complication which	caused deatl	n.) DUE TO			
	ANTECEDENT CAUSES			INTEAUS			
O	DISEASES OR CONDITIONS, IF ANY, GIVING						
AT	UNDERL	THE ABOVE CAUSE (A)	STATING T	HE DUE TO			
ERTIFIC	- 12 13			CIRRI	10515 OF LIVE	ER CHRONIC	1 YEAR
F		II				,	
ER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ŁD .			
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICA	21A. ACCIDE	ENT, SUICIDE, (Specify)	218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE D		give exact location)
N I							
	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from/	935,19	, to MARCH 24, 19 from the causes and on	o, that I last saw the
	deceased a	live on MAR. 23	, 19Vo,	and that death occur	rred at 8,55 Am.	, from the causes and on	the date stated above.
-	23A. 518NA	TURE		ma 1 2	3B_ADDRESS	ad Street	23c. DATE SIGNED
-	AL BURIAL	CREMA- A48. DATE	lau.	M. D. M. D.		24D. LOCATION (City, tow	n, or county) (State)
TI	AA. BURIAL,	Specify) 7 /27 /50			The Court Death		(weekle)
- D	Burial	3/27/50 D BY   REGISTRAR		Lorraine Cen	le 25. FUNERAL DIR	Woodlawn, Md.	ADDRESS
	MAR 25		1 1A1	himme, Mix a			lto., Md.
-	VS 150			, ,,,,			1 = 1 =
1		1 218004	1000	0497			1243



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2760 Registered No.

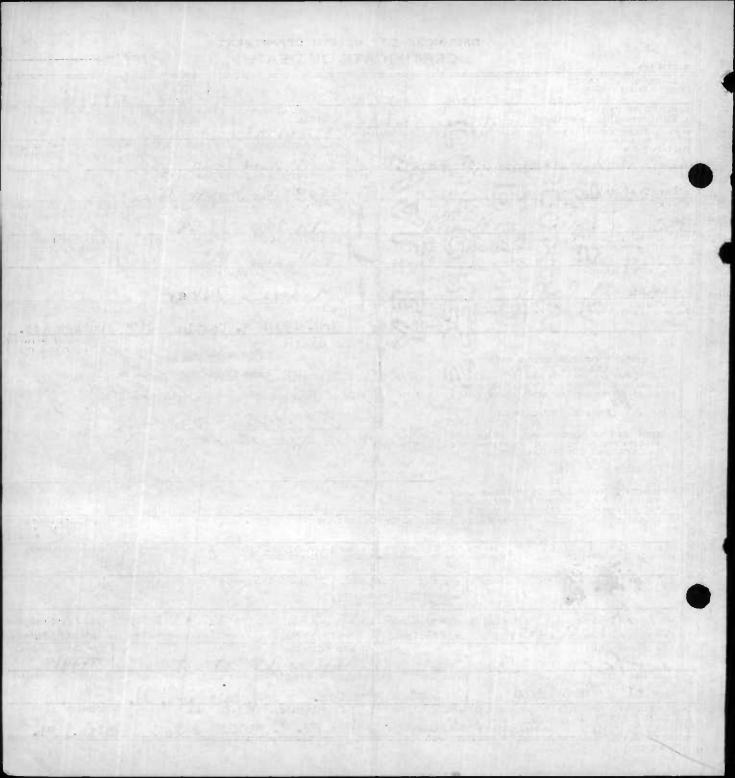
	BIRTH NO.		
	1. NAME OF DECEASED (Type or Print)	2. DATE OF	
	Mobert Lyving Costin	DEATH 3	24150
	Baltimore City, Maryland Bultimore, Wd.	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or		
	HOSPITAL OR location	C. ČITY OR TOWN (If outside corporate limits,	write RURAL and give
1	South BulliMore General Hospital	BultiHore 30 23	026
7	Yrs. Mos,	D. STREET ADDRESS (If rural, give location)	
	E. Length of stay in Baltimore Days	2509 Brohawn Ave.	
1 3	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		nder 1 Year   It Under 24 Hours ths: Days   Hours   Min.
_	Male White Murried	1131/1886	
	OA. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS OR ork doce during most of working life, even if retired) G1030n & KITK INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Core Maker (Brass) / MACHIE		
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	James M. Costin	Madria E. Ziener	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (16 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	DRESS
1	no 214-03-7183	Mrs. Lydia A. Costin 2509 B	rohawn Ave.
	18. 196 V CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Comment of	DNSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ogline, San San	Come S
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	1. 1. 1. 1. 1.	- C
	10/-	and with mayour	1
1,	ANTECEDENT CAUSES	Soff redinis Vielena	
	DISEASES OR CONDITIONS, IF ANY, GIVING	al- Lo.	
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO A UNDERLYING CONDITION LAST.	ann-gun	
TIELO			
Ë	(C)		
0 1	TRIBUTING TO THE DEATH, BUT NOT RELATED		
1	TO THE DISEASE OR CONDITION CAUSING IT	PATION	L 20 AUTOROVA
1	2	RATION	YES ND
MEDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	io or   21c. WHERE DID (If in Baltimore City, giv	
L C	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from 3		
		rred at 10:40 Am., from the causes and on the	
	23. SGNATURE	23B. ADDRESS	23c. DATE SIGNED
	M. D.   24A. BÜRIAL, CREMA-  24B. DATE   24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
1	TON REMOVAL (Specify)		, , , , , , , , , , , , , , , , , , , ,
11	Buriai 3/28/50 Loudon Park		ADDRESS
	LOCAL REGISTRAR	6	
	MAK 25 1950 1 militagion Millaulte, Mills	WM. J. TICKNER & SONS BE	alto. Md.
	2.0		

VS 150

correct age is especially important.

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23s. ADDRESS

FUNERAL DIRECTOR

24c, MAME OF CEMETERY OR CREMATORY

202

23A, SIGNATURE

24A. BURIAL, CREMA-

TION, REMOVAL (Specify) mina DATE RECEIVED BY

LOCAL REGISTRAR

248. DATE

REGISTRAR'S SIGNATURE

3DDRESS

24D. LOCATION (City, town, or county)

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before admission)

WHAT COUNTRY

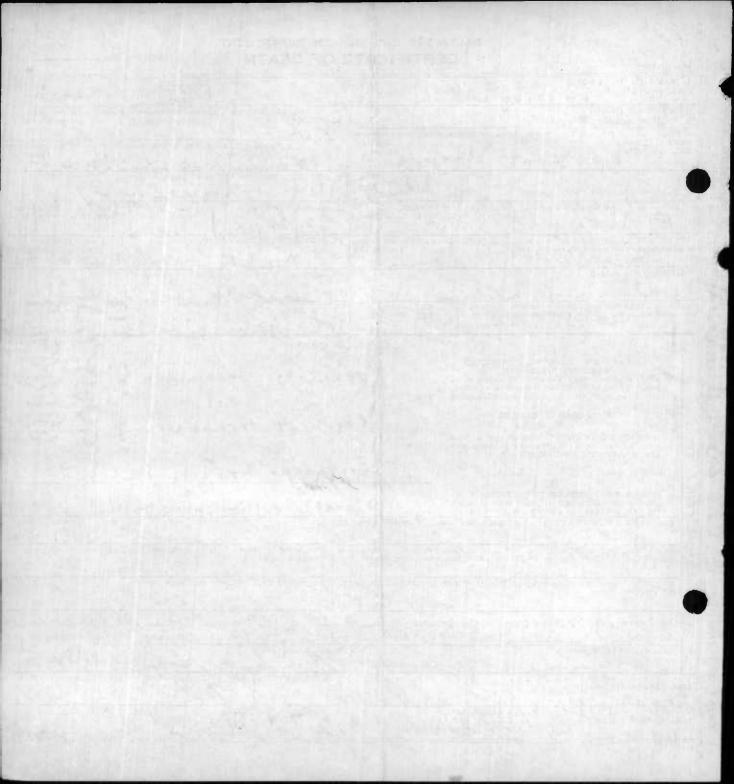
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF FRANK WILLIAM MILLER 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 00 1610 E. 31st. Street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1610 E. 31st. Street Life Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | f Under | Year | f Under 24 Hours | Months; Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH Married Sept. 10, 1886 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Guard Baltimore, Md. Bank 13. FATHER'S NAME Frank W. Miller Elizabeth Miersch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 1610 E. 31st.Austeseet (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO -24-2829 no Mrs. Bertha INTERVAL BETWEEN 18. USE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, · Cardis-Vocaular injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 1101947, to / 1116 22, 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ \_\_, 1950 and that death occurred at Am., from the causes and on the date stated above. 235 ADDRESS SIGNATURE 24B. DATE NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

230 DATE SIGNED

24A. BURIAL, CREMA-

3/25/50

Thinking for Hitia

Cemetery Loudon REGISTRAR'S SIGNATURE

Baltimore, Md.

25. FUNERAL DIRECTOR OHEORY SANDER SANDER & SONS, INC

VS 150

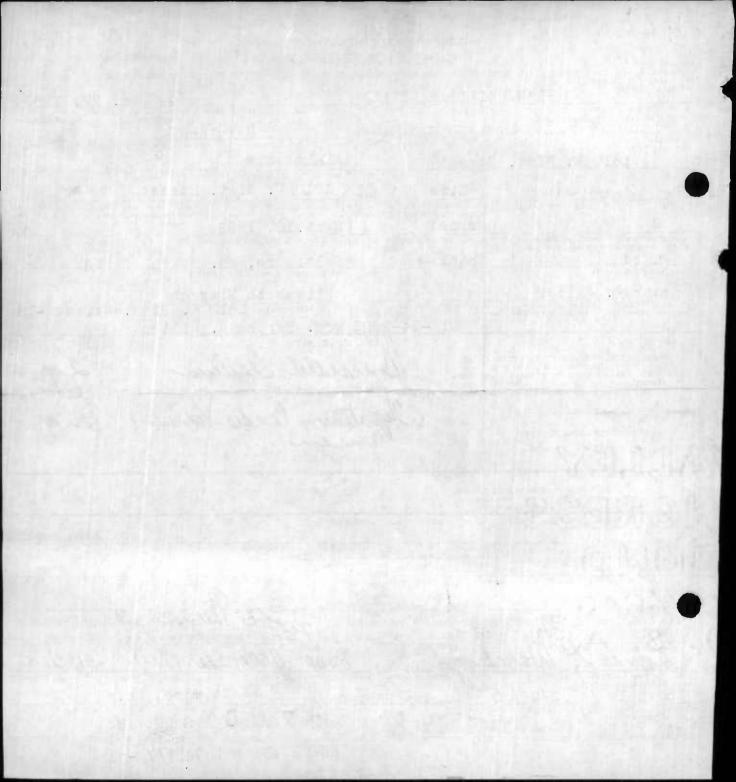
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DATE RECEIVED BY

LOCAL REGISTRAR

NORTH AVE & BROADWAY - 13

ADDRESS



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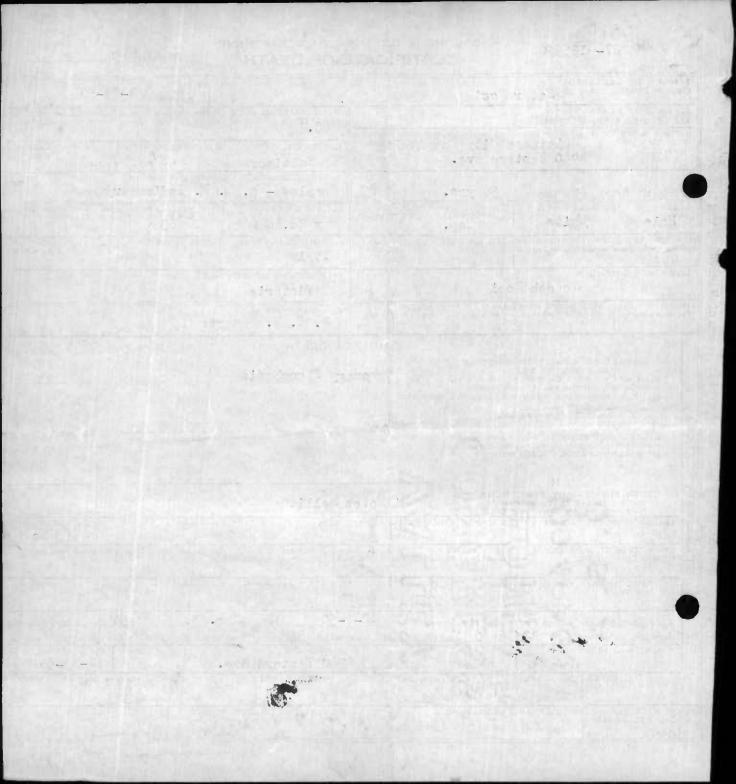
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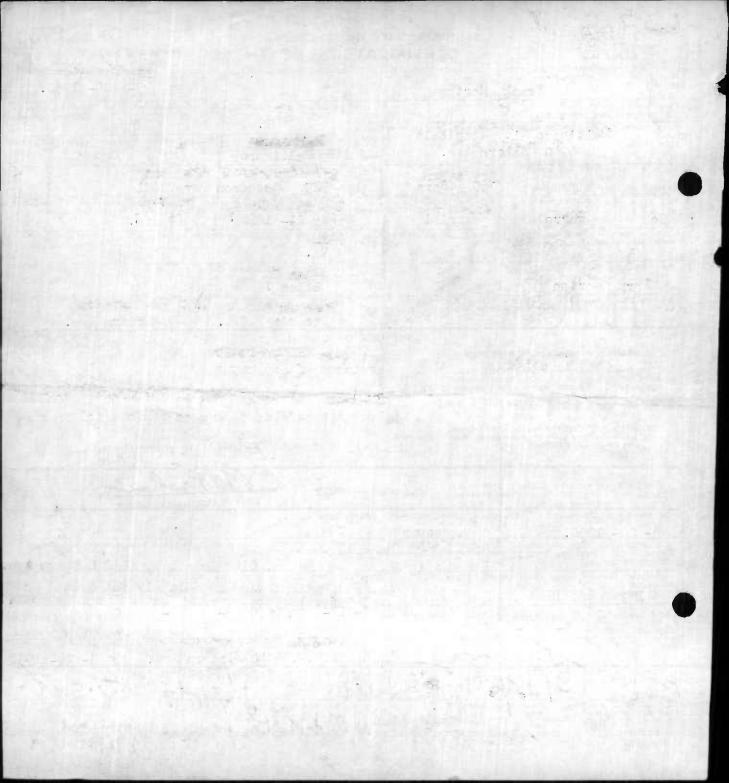
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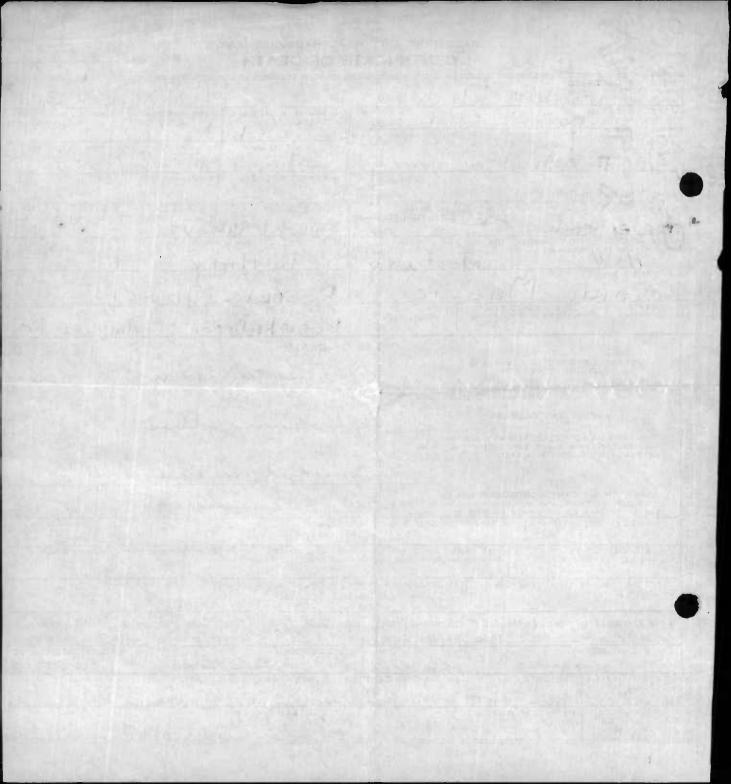
# BALTIMORE CITY HEALTH DEPARTMENT

2765 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 24- 1950. Frank Morton DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore lity HOSPITALS location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 60 Years 829 Edmondson Ave. Z 1 Days 9. AGE (in years | ff Under 1 Year last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH i If Under 24 Hours WIDOWED, DIVORCED (Specify) Male May 21- 1880 P Negro Married IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME VA. 14. MOTHER'S MAIDEN NAME Morton Henry Ellen? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Ave. Records B.C.H? INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Of Esophagus (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. puexpex with injury or complication which caused death.) ANTECEDENT CAUSES Atélectasis cofielunes due to Stricture of trachea DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICATION APPROVED BY (C) .... OTHER SIGNIFICANT CONDITIONS CON-Esophagoscopy TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 Esophagoscopy 3- 24- 1950 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING X CAUSE OF DEATH Balto. City Hospital, 4940 Eastern Ave. Hosnitel 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Patient died immediately following NOT WHILE WHILE AT March 24, 1950 10 Am. sophegoscopy under pontocaine anesthesia WORK 1950 to 3-24-. 1950, that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 3- 24- 1950, and that death occurred at 10.45h, From the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED B.C.H. 4940 Eastern Ave. 3- 24- 1950 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or sounty) TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR for Millaule, All 1 busines VS 150 To Be A proved By The Clief !edical



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

IL	200	N.			
1	0 2766 BIRTH NO.	CERTIFICATE		Registered No.	2766
	Type or Print) ROSARIA	PAGGIO		2. DATE OF DEATH MARC	1,23,1950
	B. PLACE OF DEATH:  A. Baltimore City, Maryland 8051  B. FULL NAME OF (If not in hospital or ins	Bely-dere	4. USUAL RESIDENCE (Who A. STATE	B. COUNTY	tution: residence before admission)
.   1	HOSPITAL OR NSTITUTION Belveder	location)	C. CITY OR TOWN (If our BOTTOM)	tside corporate limits, wr	ite RURAL and give
	Length of stay in Baltimore	H G Yrs. Mos. Days	D. STREET ADDRESS VII ru	ral, give location)	
	5. SEX 6. COLOR OR RACE 7. SIN		8. DATE OF BIRTH 1980 S	AGE (In years last birthday) Months	Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)   12.	CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME  ROS ARIO MA	GGIO	14. MOTHER'S MAIDEN NAM	1	
0	(If yes, give war or dates of services, no or unknown)	S? Lie SOCIAL	17. INFORMANT	ADDR	PI
	18. 443 X	CAUSE O	F DEATH	H -110 1 MINGE	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the control of the c	r, e. g., (A)	egestive keart ?	ilure	6ms
2	ANTECEDENT CAUSES	(B) Hey	sertenism as	Luise	18 m.
ATIO	UNDERLYING CONDITION LAST.				
TIEIC	п	(C) Dere	eralized artere	reclarers	3
CER	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSE	NG IT. Garkeal	pt hemiple	gian	5 ys.
I AC	none	JOR FINDINGS OF OPERA			YES NO
FDI	HOMICIDE (Specify) about h	PLACE OF INJURY (e.g., in come, farm, factory, street, office bldg., etc		in Baltimore City, give	exact location)
A	OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK	21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended deceased alive on Mar 22, 1956				
	23A. SIGNATURE	Wollner M.D. 6	B. ADDRESS	and 12	EN. LE 1950
C	24A. BURIAL, CREMA- 24B. DATE (10N, REMOVAL (Specify))  BARRING RECEIVED BY REGISTRAR'S SIGN	24c. NAME OF CEMETER  Reduces  ATURE	25. FUNERAL DIRECTOR	3 elan R	
1	MAR 25 1950 tutting or A	1/64 / 4/63 / 10	oseple taisce In	2013 Huge	marthu



24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

MANA DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

24B. DATE

REGISTRAR'S SIGNATURE

ADDRESS

(City, town, or county

before admission)

H Under 1 Year

12. CITIZEN OF

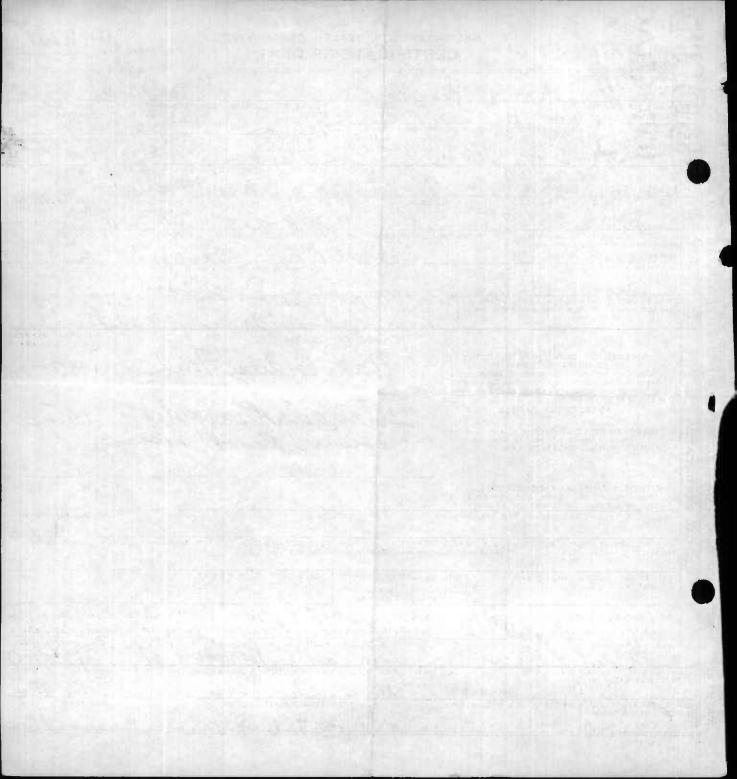
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

township)



correct age is especial important. Physicians: please write the causes of death clearly and legibly.

## ENT

	50	2768
gistered	No.	

10 2768°	CERTIFIC	ATE OF DEATH
	BALTIMORE CITY	HEALTH DEPARTM

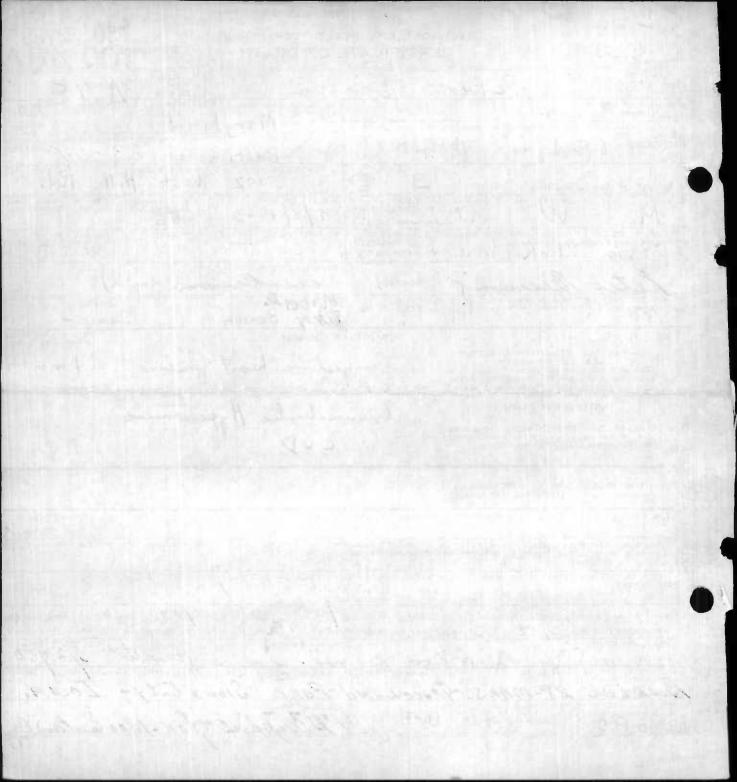
B	RTH NO.	0		CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF D		V ANDD	Vanowekt		2. DATE	20. 2050
_		FRAN	K ANDR	YCHOWSKI		DEATH March 2	
	Baltimore (	City, Maryland			A. STATE	CE (Where deceased lived, If inst B. COUNTY	titution; residence before admission)
В.	FULL NAME		al or instituti	on, give street address or			
	SPITAL OR	0/17 0 0		location)	C. CITY OR TOWN	(If outside corporate limits, w	vrite RURAL and give township)
0	0	247 S. Reges	ter Str	eet	Baltimore	2-07	(Ownship)
				Yrs.		(If rural, give location)	
		tay in Baltimore	50 yr	S. Dos	247 S. Rege	ster Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	er I Year H Under 24 Hours
1	Male	White	Wido		Sept. 21,1876	73	Days Hours Mill.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)   12	CITIZEN OF
	Shoemaker		Self-	INDUSTRY employed	Poland		WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAID		. /
	John An	drychowski			Mary Party	kula	
(Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
-	No				Mr. Walter Kra	wczyk, 247 S. Reges	ster Street
	18. 44	3 X ,		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		Trans	MAL BROWN	10- PNEUMONIA	a 50.4
	(This does	LEADING TO DEA	of dying, e. g	(A)	WAL DROWCE	10- INEUMONIA	2 DAYS
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
200	ANTECEDENT CAUSES				)/		-1,
Z	100/50	ANTECEDENT CAO	363	(B) CER	EBRAL HEM	ORRHAGE	3/19/50
TION	DISEASES	S OR CONDITIONS, 1 HE ABOVE CAUSE (A)	F ANY, GIVIN	IG IF DUE TO			
A	UNDERLY	YING CONDITION L	AST.	Λ	HI HI	REPTEMBLYE	
CERTIFICA	DE SAGE			HRTERIOSC	ELEROTIC HY DIO-VASCULAR	DISTASE	3/30/48
E		II					
ER		SIGNIFICANT CONDS					
O		F OPERATION 1			ATION		100 811700070
7		ON E	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
C		NT. SUICIDE.	218. PLA	CE OF INJURY (e.g., i	n or   21c. WHERE DID	(If in Baltimore City, give	YES NO P
EDICAL	HOMICIDE	(Specify)		arm, factory, street, office bldg., e	etc.) INJURY OCCUR?	(11 m Datamore Only, give	chact location)
Σ	21D. TIME (	(Month) (Day) (Year)	(Hour)	LIE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from M	ARCH 30 1948	o MARCH 22, 1950, t	hat I last saw the
	deceased al	ive on MAR. 22	1950			om the causes and on the c	
	23A. SIGNAT		20.0.		3B. ADDRESS ()	1 12	3c. DATE SIGNED
		seth 9	won	M. D.	209 N. Klest		3/24/50
24	A. BURIAL.	REM4- 24B. DATE	1 2	Ac. NAME OF CEMETE	RY OF CREMATORY   2	4D. LOCATION (City, Walk ar	colinity) (State)
	Burial	March 2		St. Stanisla		Baltimore, Maryla	
	ATE RECEIVE				25. FUNERAL DIREC	TOR AL	DDRESS
	MAND 25	1950 hutting	11 / NO.	extra, Miss	M.F. Radowski	& Gons, 1808 Easte	rn Avenue
=	VS 150	#					
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) enson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or and B. FULL NAME OF HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION MOSPITa Timore (If rural, give location) Yrs. O. STREET ADDRESS Mos. West c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years WIDOWED DIVORCED (Specify) last birthday) Months Days Hours: Min. rolowed 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dong draing most of working life, even if retired) INDUSTRY WHAT COUNTRY? IErk TICE ompany death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informat 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no of updnown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no of uphnown) SECLIRITY NO. causes Same -Benson of item ( INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: Yrs. (C) .... RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY TITH YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE m WORK AT WORK . 19 50 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from 7 54, m., from the causes and on the date stated above. deceased alive on 3/24 . 19 O and that death occurred at 23AYSIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE W 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION REMOVAL (Specify) NURZDL DATE RECEIVED BY 25 FUNERAL DIRECTOR AR 25 1950 VS 150



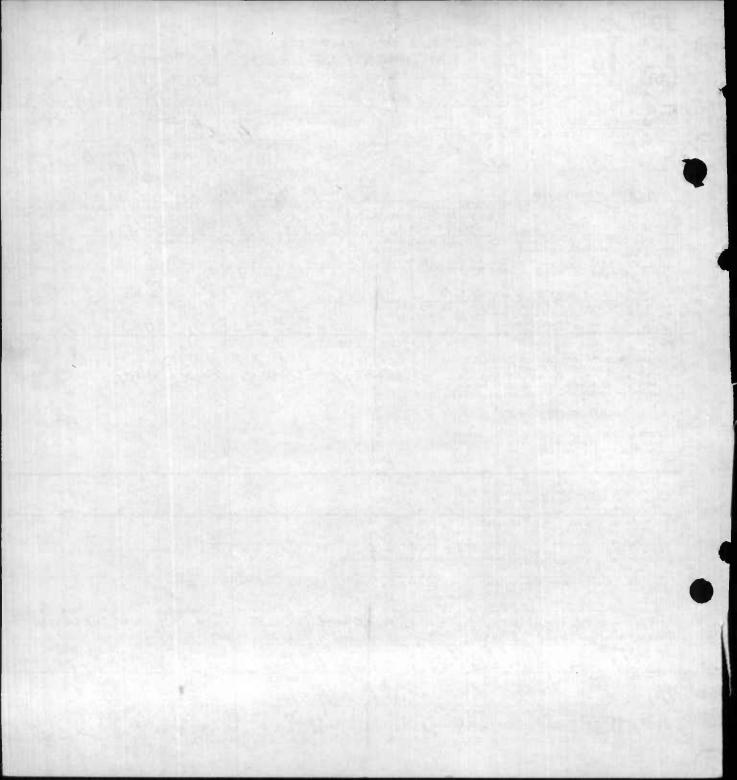
### BALTIMORE CITY HEALTH DEPARTMENT

50	0770	
BIRTH	NO.2770	

CERTIFICATE OF DEATH

Registered No	
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BIRTH NOS //U	CERTIFICAT	L OF BLATTI		
1. NAME OF DECEASED (Type or Print)	rrie Seim		2. DATE 3/24/	430
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (NA. STATE	Where deceased lived. It	institution : residence before admission
B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION	location		outside corporate limit	r, write RURAL and give
243 W.	3/9/ s7-	D. STREET ADDRESS (If	rural, give location)	-06 township)
c. Length of stay in Baltimore	Mos. Days	243 W	3/0/ 5	7.
Frmale Whitz	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	3/30/1868	9. AGE (In years last birthday) Mo	t Under 1 Year If Under 24 Hours on the Days Hours Min
10A. USUAL OCCUPATION (Give kind ork done during most of working life, even if retired	of 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	2	14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMI	BEYER	2000Th	E4 /3EC.	R
(Yee, no or unkoown) (If yee, give war or da	tes of service)  16. SOCIAL SECURITY NO.	Paul J. Pros.	SEA 25 S.	Dollvert of
18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DE, (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	of dying, e.g., (A)	no Schoolie A	tent Disease	, I year
ANTECEDENT CAU				
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION &	IF ANY, GIVING ) STATING THE DUE TO			
ONDERETING CONDITION O	(C)			
OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT	NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
2 1D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
	tended the deceased from 7			
23A. SIGNATURE Crawford N.		23B. ADDRESS	1. Baltinois	3 - 25 - 50
24A. BURIAL, CREVA- 24B. DATE TION BEMOVAL (Specky) 3/25	30 24c. NAME OF CEMETE	Par K	Balto	or county) (State)
DATE RECEIVED BY REGISTRAF	IS SIGNATURE	25. FUNERAL DIRECTOR	1217 St	Raul St.



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

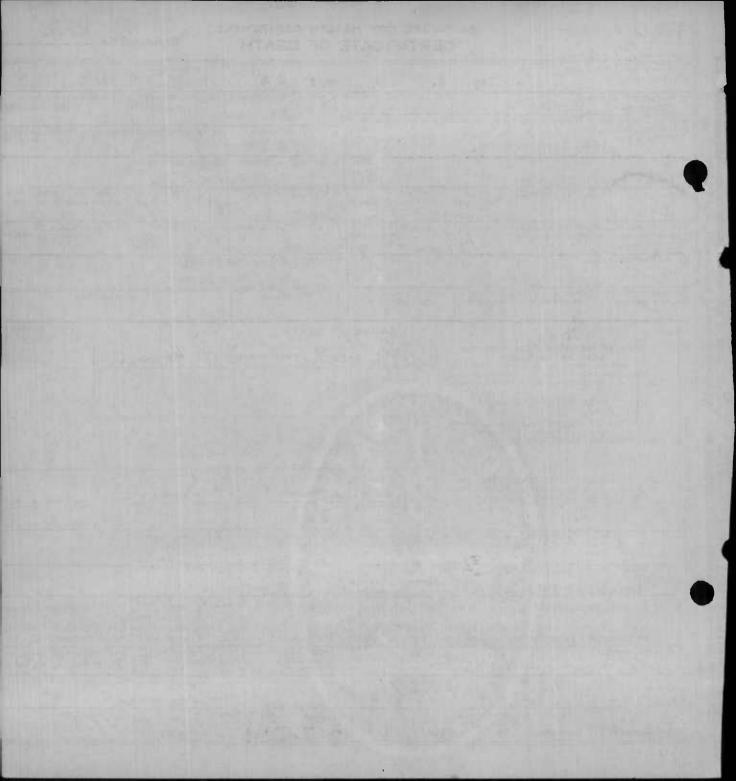
Registered No 2771

he	CERTIFICATE OF DEATH • Registered No								
T sa.	1.	NAME OF D lype or Print)		IER CHAI	RLES COLE		2. DATE Mar	ch 24, 1950	
ollqqu	A.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) INSTITUTION Wyman Pk. Drive & 31st St.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission  Maryland				
carefully supplied	H								
caref		Yrs. Mos.				D. STREET ADDRESS (If rural, give location) 1041 N. Broadway			
mat should be leath clearly and l		SEX M	6. COLOR DR RACE	7. SINGLI WIDOW	E. MARRIED, VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year II Under 24 Hours Months: Days Hours Min.	
			CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13	James B.				14. MOTHER'S MAIDEN N	IAME		
infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  Yes  WW I					17. INFORMANT Records- US Ma		ADDRESS	
o lo		18. 4/20			CALICE	OF DEATH	ATTHE HOSPIC	INTERVAL BETWEEN	
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UNFADING INK. Physicians: please	ICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	NG HE DUE TO	al Effusion F	0		
INFAD	CERTIF	TRIBUTING	II  SIGNIFICANT CONDI  TO THE DEATH, BUT  USEASE OR CONDITION	NOT RELATI	N. ED	a gracen i	<b>Σ</b> ΧΧάΝλα Υ		
	CAL				FINDINGS OF OPER	RATION		20. AUTOPSY?	
Y, aporta	MEDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., is farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)	
PLAINLY, ITH		OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
ult PL s especia		22. I hereb	y certify that I att live on Mar. 24	ended the	deceased from Mar	. 20 19 50 to Ma rred at 0:30 A m., from t	r. 24 , 19	50, that I last saw the the date stated above.	
is is		William 1	u Cremm	ich	м. р.	38. ADDRESS <b>US M</b> arine Hospita	l, Balto, Md.	3/24/50	
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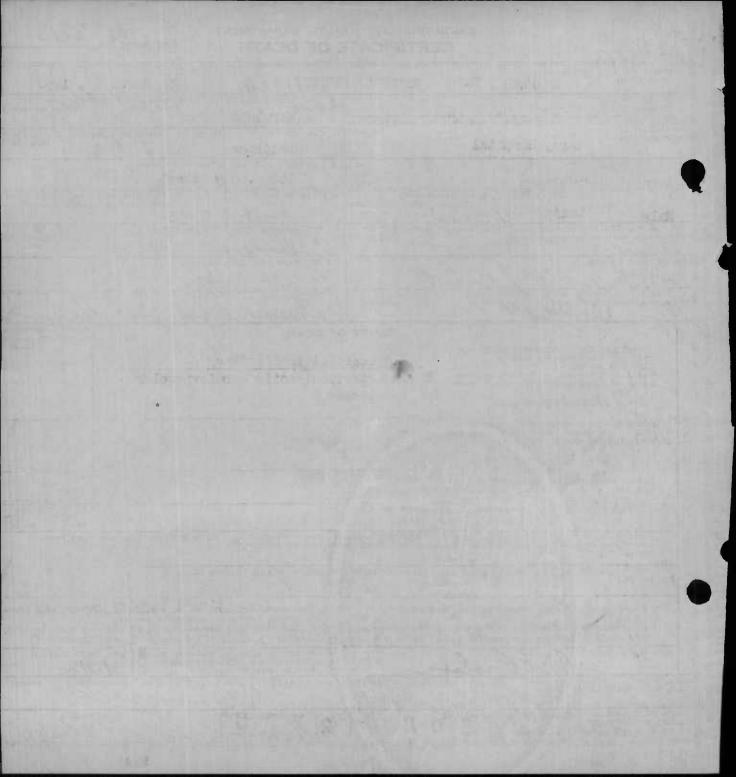
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BIRTH NOIC ( / L)	CERTIF	FICATE OF	DEATH	Registered	No. 2772
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3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUA	RESIDENCE (WI	ere deceased lived. I	If institution : reside
B. FULL NAME OF Cf not in hospit HOSPITAL OR INSTITUTION 1639 Pentwoo		4 11 1	Maryland R TOWN (No Baltimore	utside corporate lim	its, write RURAL a
10)/1010000			T ADDRESS (If re	iral, give location)	1 -1
Length of stay in Baltimore		Mos.    Days	1639 Pentw		
5. SEX 6. COLOR OR RACE	Marrie C		) 10-1878	9. AGE (In years last birthday)	N Under I Year In Under Index Index
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3. FATHER'S NAME		14. MOTH	ER'S MAIDEN NAI	ME	
15. WAS DECEASED EVER IN U. S. ARMED	D FORCES?   16. SOCIA	1	vrinno.	m	
(Yes, no pr unknown) (If yes, give war or date		RITY NO. 17. INFOR	MANT		ADDRESS
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16	BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT 50 E OF DEATH Registered No.	2773				
	NAME OF DECEASED Type or Print) CHARLES H. RUPERTI (	RUPERT) (EN)   2. DATE OF DEATH March 2	22, 1950				
В	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Fortin hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY Maryland	titution : residence beforc admission)				
11	Mercy Hospital	c. CITY OR TOWN (If outside corporate limits we Baltimore	te RURAL and give township)				
	Yrs. Mos. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location)  160 N. Gay Street					
and	Male White Manual (Specify)	8. DATE OF BIRTH 9. AGE (In years list birthday) Month	er l Year if Under 24 Hours is Days Hours Min.				
lear	OA, USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	Saturno 113	CITIZEN OF WHAT COUNTRY?				
	Anthony B. Ruhert	14. MOTHER'S MAIDEN NAME					
O Y	5. WAS DECEASED EVER IN DISTRICT FORCES 16. SOCIAL SECURITY NO.	it informant whent, 3022 K	en tuchethe				
causes	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
write the		dial Inefficiency ciosclerotic cardiovascular					
	ANTECEDENT CAUSES disea	se					
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
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especia	22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the o	lay stated above.				
age is	23A. SIGNATURE BARAGO		DATE SIGNED				
4	4A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify) 3/3/8/50 White		- / -				
250	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL-DIRECTOR AC	DORESS				
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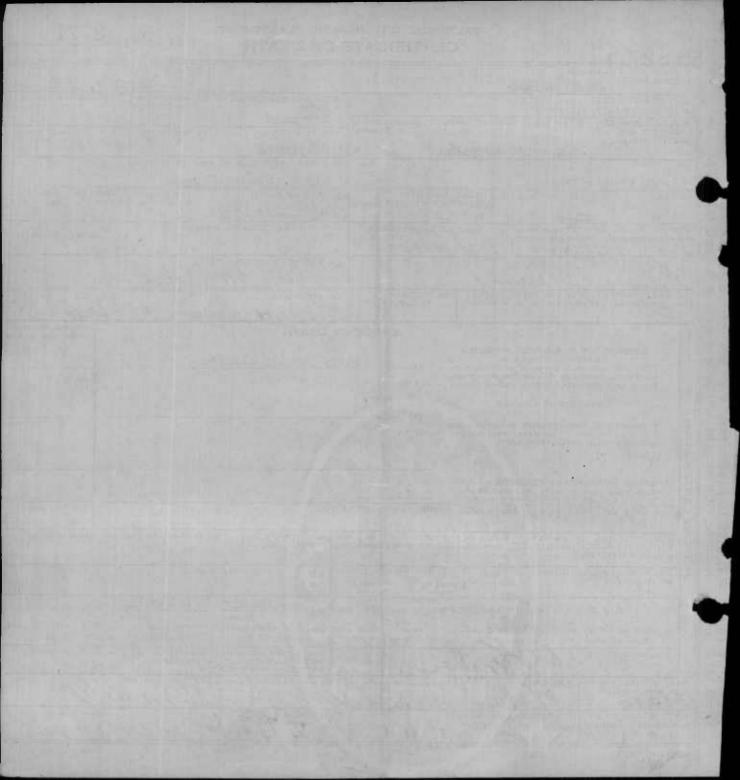


Registered No 2774 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) NAIRNS DEATH March 7, 1950 JOHN 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) A. STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 918 E. Biddle Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DATE OF BIRTH AGE (In years) 5. SEX last birthday) Months: Days Hours: Min. white married 11/BIRTHPLACE (State or foreign country) OA. USUAL OCCUPATION (Give kind of very done during many of working life, even if retired) 10B. KIND OF BUSINESS OR 12. CITIZEN OF clearly INDUSTRY WHAT COUNTRY? 13. EATHERIS NAME 14. MOTHER'S MAIDEN NAME information of death wer 1 . WAS DECEASED EVER IN U. S. ARMED FORCES? You nowor unknown) (If yos, give war or dates of service) 16. SOCIAL ADDRESS (Yes, noger unknown) SECURITY NO causes CAUSE OF DEATH 18. 470 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Coronary artery disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. write OUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . X 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... age ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24b. LOCATION (City, town, or county 24C. NAME OF CEMETERY OR CREMATORY 24B. DAT 25 FUNERAL DIRECTOR ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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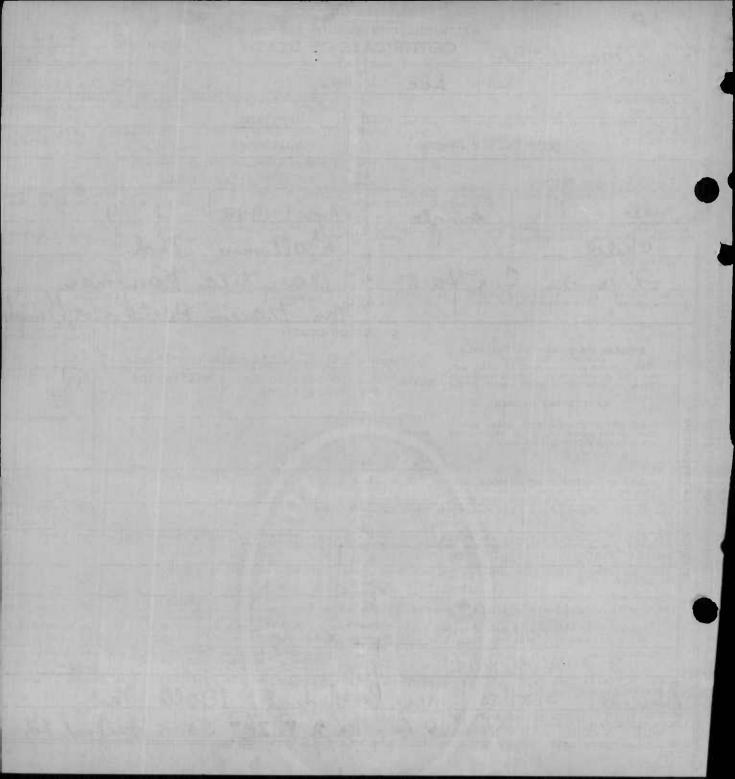
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF March 24, 1950 HART SHARON Lee 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 5003 Walter Avenue Abltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5003 Walter Avenue c. Length of stay in Baltimore Days 6 COLOR OR RACE AGE (In years If Under I Year If Under 24 Heurs last birthday) Months: Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female unalo 10A. USUAL OCCUPATION (Givekind of) BUSINESS OR 12. CITIZEN OF ost of working life, even if retired) INDUSTRY WHAT COUNTRY clearl 13. FATHER S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo (If yes, give war or dates of service) SECURITY NO. causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute otitis media with septicemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, due to streptococcus salivarius injury or complication which caused death.) and hemolyticus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFALL. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e. g., in or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 238. CHIEF MEDICAL EXAMINER .... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... 3-24-50 4c. NAME OF CEMETER CATION (City, town, or county) BURIAL, CREMA-DRESS CEIVED BY REGISTRAF

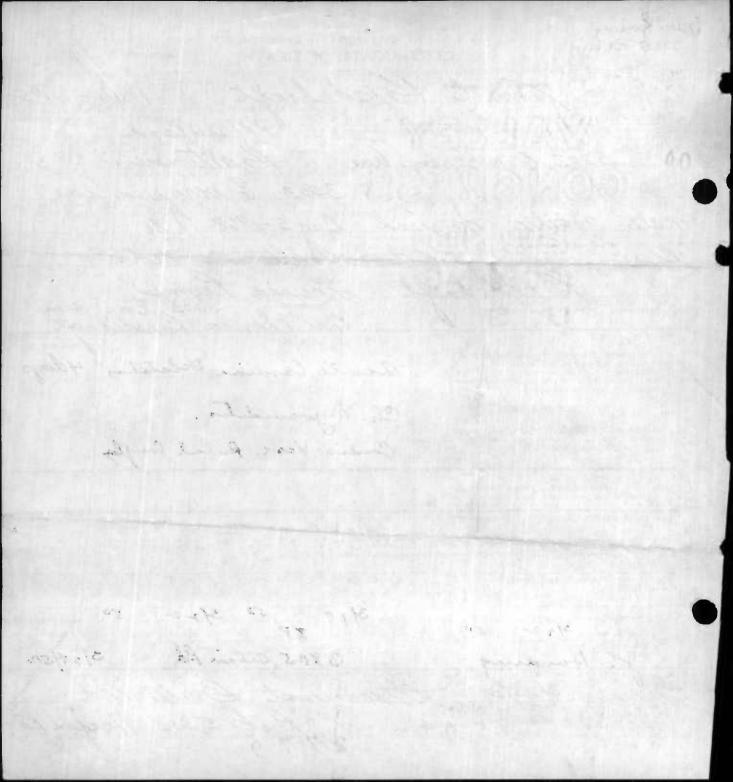
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400		BALTIMO	ORE CITY HE	EALTH DEPARTMEN		50 2776
BIRTH NO.	2776 49-2	7479 CEI	RTIFICAT	E OF DEATH	Registered	No.
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3. PLACE O	F DEATH: re City, Maryland \$	Onh Fux	LEY AVE	4. USUAL RESIDENCE	(Where deceased lived,	If institution: residence
FULL NA	ME OF (If not in hospi	tal or institution, gi	ve street address or	4 -	1-0	2-06
HOSPITAL I	ON .	al al	location)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv township
0	4206 1	UKLEY F	WE.	BALTIMON		vo whomp
			3 Yrs. Mos.	D. STREET ADDRESS		
c. Length	of stay in Baltimore		10 Days		RLEY AVE	It Under 1 Year   It Under 24 Hours
, SEX	6. COLOR OR RACE		RRIED, IVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
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	OCCUPATION (Give kind of most of working life, even if retired		INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
<u>C</u>	hild	Marie Parameter		DaiTo	Md.	
3. FATHER	'S NAME	4		14. MOTHER'S MAIDEN		
	RUER LER		L	SHIRLEY	WARM BOL	LD .
es, no or unkn	EASED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT 3805 BelaiR Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Waryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION umare D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH AGD (In years | H Under I Year | H Under 24 Hours | last birthday) | Months: Days | Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 3. FATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. item CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Cardio. Vas a Reval Comply UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 3/19 , 19 5, that I last saw the , 1950 and that death occurred at FP dcceased alive on\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23C DATE SIGNED 3/24/50 BURAL, CREMA-24B, DATE NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) RECEIVED BY VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 3.24-50 OF LINDA MARGARET WILLEM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Ma (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIV. DEM 170SP 15a 1 to D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2902 Bauernwoodave c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informati 15. WAS DECEASED EVER IN U. S/ARMED FORCES? 6. SOCIAL (Yes, no or unknown) SECURITY NO. 2902 Bauernwood causes CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH he wo ly to anemy 4 days (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please unknown Cause DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. wine 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? cx 152 ase 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from 3- 22 , 1950, to 3-24 , 1950, that I last saw the deceased alive on 3-24, 1950, and that death occurred at 3 30 Am., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED 3-24-50 new of BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D\_LOCATION (City, town, or county) REMOVAL (Specify) DATE RECEIVED BY REG STRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 1350-05891 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Milke DEATH March 21 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION carefull Baltimore St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3520 Toone Street Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White March 21, 1950 Single 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Baltimore, Maryland None 13. FATHER'S NAME or informati 14. MOTHER'S MAIDEN NAME Anna Amelia Milke 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes the caus CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intrapartum Infection (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPERATION important. 3/21/50 Low Forceps: Episiotomy
21s. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.)
INJ 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT! WORK AT WORK 22. I hereby certify that I attended the deceased from 3/21/ . 1950 to 3/21/ , 19 5 Qhat I last saw the Receased alive on 3/21/ \_\_\_\_\_, 1950., and that death occurred at 6:06PMr., from the causes and on the date stated above. 3A SIGNATURE 23s. ADDRESS 1100 N. Caroline Street REMOVAL (Specify) 2 C. NAME OF CEMETERY LOCATION (City, town, or county) OR CREMATORY 24B DATE

Duria

DATE RECEIVED BY

LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

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ADDRESS

FUNERA DIRECTOR

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

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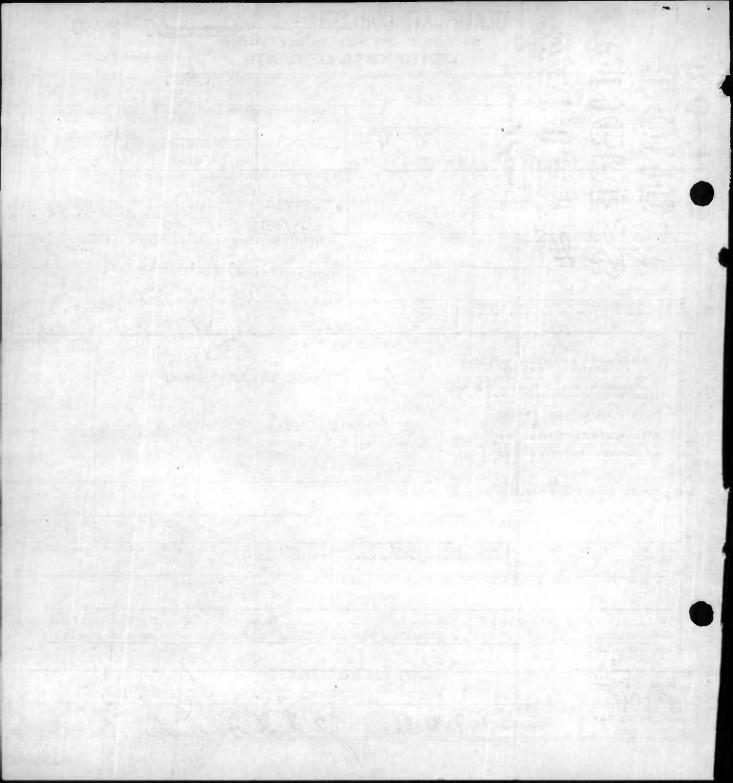
20. AUTOPSY?

23c. DATE SIGNED

township)

# HTARD ROTTADIRUTES

6	IRTH NO.			CERTIFICA	E OF DEATH	Regis	tered No	
	NAME OF D Type or Print)	ECEASED	e w	heeler		2. DATE OF DEATH	3-25	-50
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	CE (Where deceased B. COU		tion: residence before admissio
В.	FULL NAME OSPITAL OR		ital or institu	tion, give street address	Md.		Baltimo	ore
	STITUTION	luversi	to 1	location	c. CITY OR TOWN	(If outside corpor	ate limits, write	RURAL and g
-	4	innersi	4 1	Yrs.	o. STREET ADDRESS	Upperco	ation)	3 00
c.	Length of s	tay in Baltimore	1 4.20	Mos. Day:				
5.	SEX	6.COLOR OR RACE		E. MARRIED. NED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (in : last birth	years     Unda       day)   Months   I	
10 vorl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State	te or foreign country)		ITIZEN OF
	House	swite			Baltimore Co			THAT COUNT
13	FATHER'S				14. MOTHER'S MAID	EN NAME		
1=	James C	ATILSIE D EVER IN U.S. ARME	D FORCECS	l se cocial	Annie Berry	1 (A	1	$\bigcirc$
(Ye	a, no or unknown)	(If yes, give war ur dat	les of service)	16. SOCIAL SECURITY NO. 212-10-94]	BUD-	Ennel H	hook on	Sa Din
				h.) OUE TO				
CERTIFICATION	OTHER S	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION 1  SIGNIFICANT CONE S TO THE GEATH, BUT	IF ANY, GIVI ) STATING T AST.  DITIONS CO	NG (B) (C) (C)	navj sik p	robushy Co	I drue	
L CERTIFICA	OTHER S	S OR CONDITIONS, THE ABOVE CAUSE (A VING CONDITION 1  BIGNIFICANT CONE TO THE OEATH, BUT DISEASE OR CONDITION	IF ANY, GIVI ) STATING T AST.  DITIONS CO T NOT RELATE IN CAUSING	NG (B) (C) (C)	nay sik p	robubly G		20. AUTOPSY?
ERTIFICA	OTHER STRIBUTION TO THE CO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION 1  BIGNIFICANT CONE G TO THE OEATH, BUT DISEASE OR CONDITION FOPERATION OFFOPERATION ENT, SUICIDE,	IF ANY, GIVI ) STATING T AST. DITIONS CO T NOT RELAT IN CAUSING 19B. MAJOR	NG HE DUE TO  (C)  (C)	in or 21c. WHERE DID			YES NO
AL CERTIFICA	OTHER S TRIBUTING TO THE C  19A. DATE C  21A. ACCIDE HOMICIDE	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION 1  BIGNIFICANT CONE G TO THE OEATH, BUT DISEASE OR CONDITION FOPERATION OFFOPERATION ENT, SUICIDE,	DITIONS COT NOT RELATING TO CAUSING 19B. MAJOR	(B)  NG HE DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	in or 21c. WHERE DID INJURY OCCUR?			YES NO
AL CERTIFICA	OTHER STRIBUTION TO THE COMMISSION OF INJURY	S OR CONDITIONS, THE ABDVE CAUSE (A YING CONDITION I I I I I I I I I I I I I I I I I I	DITIONS COT NOT RELATING TO CAUSING 19B. MAJOR 21B. PL shout home, (Hour) m.	(B)  NG HE DUE TO  (C)  NN- LO IT.  R FINDINGS OF OPE  ACE OF INJURY (e. g. farm, factory, atreet, office bidg  21E. INJURY OCCUR  WHILE AT NOT WHILE WORK  deceased from	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID IN	NJURY OCCUR?	e City, give ex	ves No act location)
AL CERTIFICA	OTHER STRIBUTION TO THE COMMISSION OF INJURY	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I BIGNIFICANT CONE TO THE OFATH, BUILDEASE OR CONDITION OF OPERATION OF OPERATION (Specify)  (Month) (Day) (Year I was a superify that I at live on I superify that I super	DITIONS COT NOT RELATING TO CAUSING 19B. MAJOR 21B. PL shout home, (Hour) m.	NG HE DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	(in or 21c. WHERE DID INJURY OCCUR?	NJURY OCCUR?	, 1950, thand on the dat	ves No net location)  t I last saw le stated abo . DATE SIGNE
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE COMMISSION OF INJURY  21A. ACCIDE HOMICIDE  21A. ACCIDE HOMICIDE	S OR CONDITIONS, THE ABDVE CAUSE (A YING CONDITION 1  BIGNIFICANT CONE S TO THE OFATH, BUT SISEASE OR CONOITION OF OPERATION OF OPERATION OF (Specify)  (Month) (Day) (Year  W certify that I at live on  TURE  CREMA-1 248, DATE	DITIONS COT NOT RELATING TO CAUSING 19B. MAJOR 21B. PL shout home, (Hour) m.	IC)  IC)  IC)  IT.  R FINDINGS OF OPE  ACE OF INJURY (c. g. farm, factory, street, office bldg  21e. INJURY OCCUR  WHILE AT NOT WHILE  WORK AT WORK  and that death occidents of the control of the control occidents occidents of the control occidents of the control occidents occiden	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID IN E	NJURY OCCUR?	, 1950, thand on the dat	ves No act location)  t I last saw le stated abo DATE SIGNE
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE CO. 19A. DATE CO. TIME OF INJURY  22. I hereb deceased a. 23A. SIGNA.	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION 1)  SIGNIFICANT CONE S TO THE OEATH, BUT OBSEASE OR CONDITION OF OPERATION OF PERATION (Specify)  (Month) (Day) (Year I at the control of the control	DITIONS COT NOT RELATION CAUSING  218. PL about home,  (Hour)  m.  ttended the	M. O.  (B)  MG  HE DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID IN E	NJURY OCCUR?  To 3-25  Tom the causes ar	, 1950, than ad on the date 23c	ves No act location)  t I last saw le stated abo DATE SIGNI



LOCAL REGISTRAR

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before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

23c. DATE SIGNED

ONSET AND DEATH

SHEETING AND DESCRIPTION OF THE SHEETING HER A STREET, SECTION OF THE SECTION 

1.	RTH NO.	CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF DECEASED  ype or Print)  EMILY W	ILLIAMS		2. DATE OF DEATH Ma	r. 24, 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, in B. COUNTY	If institution; residence before admission
HC	FULL NAME OF (If not in hospital or institution STITUTION 3468 Childs Co	location)	Md. c. CITY OR TOWN (I	f outside corporate lim	nits, write EDRAL and give township
	Length of stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (I		
_J.	WIDO	LE, MARRIED. WED, DIVORCED (Specify) Arried	8. DATE OF BIRTH	I O ACE I'm SOSTA	If Under 1 Year If Under 24 Hours Min
		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or:  New Foundland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
1.5	Unknown		Unknown		
(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? p. no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 468 Childs Cou
NO	injury or complication which caused dea  ANTECEDENT CAUSES	th.) DUE TO	1 . 0	11 -0	
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	THE DUE TO  (C)  ON- TED	ulyed al	Moneral	
	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING	THE DUE TO  (C)  ON- TED		Amend	20. AUTOPSY?
7	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, 21B. PI	CO)  ON- TED  IT.	ATION	(If in Baltimore City,	20. AUTOPSY?
CAL C	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS C. TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PI about hom  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m.	CC)  ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., i e, farm, factory, street, office bldg., c., while at work at work at work at work.	EATION  To or 21c. WHERE DID 10 10 10 10 10 10 10 10 10 10 10 10 10	(If in Baltimore City,	20. AUTOPSY? YES NO [ , give exact location)
CAL C	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS C. TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PI about hom  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m.	CC)  ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., i e, farm, factory, street, office bldg., c., while at work at work at work at work.	EATION  To or 21c. WHERE DID 10 10 10 10 10 10 10 10 10 10 10 10 10	(If in Baltimore City,	20. AUTOPSY? YES NO [ , give exact location)
MEDICAL C	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PI Shouthom  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on Days 1990 (Page 1990).  23A. SIGNATURE	CO  ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., i e., farm, factory, street, office bldg., of the component of	EATION  The of the control of the co	(If in Baltimore City,	20. AUTOPSY? YES NO ( yes No ( yes No ( that I last saw to the date stated above)  23c. DATE SIGNER 3/2//00
MEDICAL C	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PI Shouthom  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on Nat.) 4, 19 0  23A. SIGNATURE	ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e.g., i e, form, factory, street, office bldg., of the control	EATION  Do or 21c. WHERE DID 1NJURY OCCUR?  ED 21f. HOW DID INJURY  Tred at 9:30 pm., from 13B. ADDRESS  225 N. Calvar  RY OR CREMATORY 24D.	(If in Baltimore City, RY OCCUR?  the causes and on  Cocation (City, tow  Catasaugua.	20. AUTOPSY? YES NO  give exact location)  that I last saw the date stated abov  23c. DATE SIGNER  3/2-5/6  n, or county) (State

MARKET MARKET STATE OF THE RESIDENCE Salar de la company de la comp 

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	50 2783	BALTIMORE CITY HE		100				
BIRTH N		OLIVIII IOAII	L OI DEATH					
1. NAME (Type or I	OF DECEASED Print) Louise	Krueger (GENERT	2. DATE OF DEATH 3-24-	1950				
A. Baltin	OF DEATH: nore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission				
B. FULL I	NAME OF (If not in hospit LOR Baltimore Ci	al or institution, give street address or						
INSTITUT	10N 4940 Eas	tern Ave.	C. CITY OR TOWN (If outside corporate limits, w  Baltimore (Essex, Balto					
		Yrs.	D. STREET ADDRESS (If rural, give location)	5. 00.7				
Lengt	h of stay in Baltimore	12 years Mos.	714 Myrth Ave. Essex, Balto.	Co. Z 21				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) if Unio	er 1 Year   If Under 24 Hou				
Fema	le White	WIDOWED, DIVORCED (Specify) Married	Mar. 24-1908 last birthday) Month	bays nours Min				
10A. USU	AL OCCUPATION (Give kind of ng most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF				
	tousevile	at Home	N.Y.	WHAT COUNTRY				
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME	MOPHET HAVE				
?	Kieffer		3					
15. WAS D	ECEASED EVER IN U, S. ARMEI	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT ADD	RESS				
			Records B.C.H. 4940 Eastern	Ave.				
18,	343 X.	CAUSE	OF DEATH	INTERVAL BETWE				
CERTIFICATI	ANTECEDENT CAUS SEASES OR CONDITIONS, IS E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA  II HER SIGNIFICANT COND BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO AST.  (C)	ronchial plugs and atelectasis	(over)				
A	ATE OF OPERATION 2	98. MAJOR FINDINGS OF OPER	RATION	YES NO				
HOM1	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
24A BU TION REM DATE RE LOCAL F	RIAL, CREMA- 24B. DATE DVAL (Spreify)  MAR. 2  CEIVED BY REGISTRAR	1950 and that death occur Blee M.D. B 24C, NAME OF CEMETE 6-50 St. Mars	C.H4940 Eastern Ave ERY OR CREMATORY 240. LOCATION (City, town, or Cell, Elmin her	date stated about 23c. DATE SIGNE 3-24-50 (State				

See Doeument File 50-2783 for corrective authority
12/4/50
ES

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos.

Days

Registered No.

BIRTH NO

					ASED			
(T	ype	or	Print)	)	w	0	4	=

BENNETT

	2. DATE OF DEATH	3/	25	150
4. USUAL RESIDENCE (W)	here deceased I	ived, If i	nstitution	residence

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF

(If not in hospital or institution, give street address or

A. STATE Maryland

HOSPITAL OR INSTITUTION

location SINAI

Widower

Baltimore

C. CITY OR TOWN (If outside corporate limits, write BURAL and give (qidenwot

65 yrs

o. STREET ADDRESS (If rural, give location) 2602 E Baltimore St

Length of stay in Baltimore 6. COLOR OR RACE

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 1863

17. INFORMANT

9. AGE (In years)

B. COUNTY

it Under 1 Year Il Under 24 Hours last birthday) Months Days Hours Min.

before admission)

10A. USUAL OCCUPATION (Givekind of work demendering ment of working life, even if retired)

10s. KIND OF BUSINESS OR City Of Balto Balto 11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

13. FATHER'S NAME Charles Bennett

18.

causes

16. SOCIAL

14. MOTHER'S MAIDEN NAME Gussie

ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) (Yes, no or unknown)

SECURITY NO.

Morris Bennett 2602 E Baltimore St

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

#### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

DUE TO

OUE TO

11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF

21c. WHERE DID

INJURY OCCUR?

19A, DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or

20. AUTOPSY7

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/25, 1950 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

(If in Baltimore City, give exact location)

deceased alive on 3/25, 1950, and that death occurred at 6 m., from

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

24c. NAME OF CEMETERY OF CREMATORY

240, LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

March 26,1950 Hebrew Friendship Cemetery REGISTRAR'S SIGNATURE

Sol Levinson & Bros

ADDRESS 1126 W North Ave

Md

STATE OF THE PROPERTY OF STATE OF THE PARTY The Stout and direct to the many angular state the state of the late of the state of the stat

1-150 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF FUIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY /before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION Yrs. (If rural, give location) Mon. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH . AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? etired ussea TO. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Moeon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, an or anknown) (If yee, give wer or dates of service) SECURITY NO. 5601 1CM INTERVAL BETWEEN 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 31 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL YES 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about hame, ferm, factory, street, affice bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK . 19 J. That I last saw the 1910 to 3 22. I hereby certify that I aftended the deceased from 3 deceased alive on 3/24 , 19 D, and that death occurred at 2 4 m., from the causes and on the date stated above, 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 244 BURIAL CREMA-24D. LOCATION Wity, town, or county) 24B, DATE 24C NAME OF CEMETERY OR CREMATORY www MODRESS VINERAL DIRECTO DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

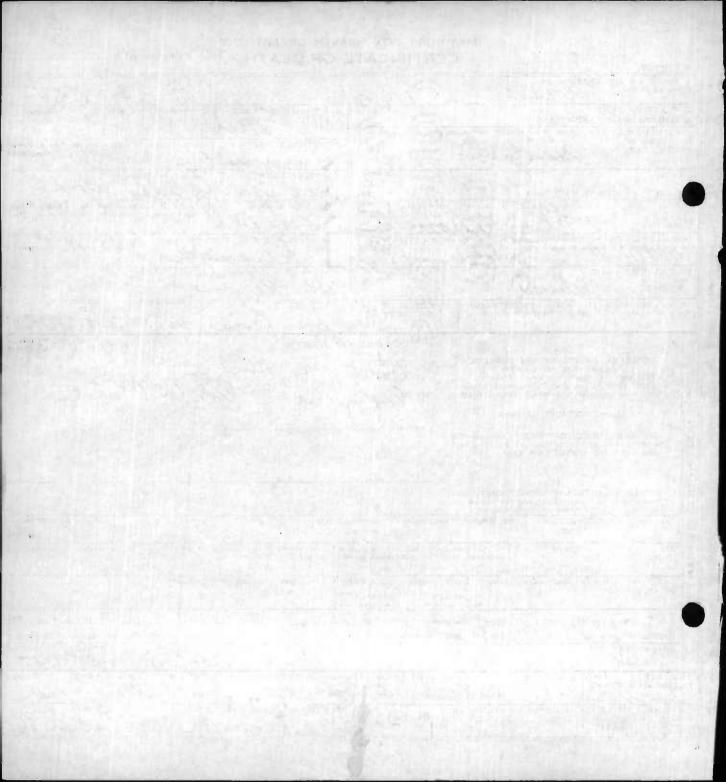
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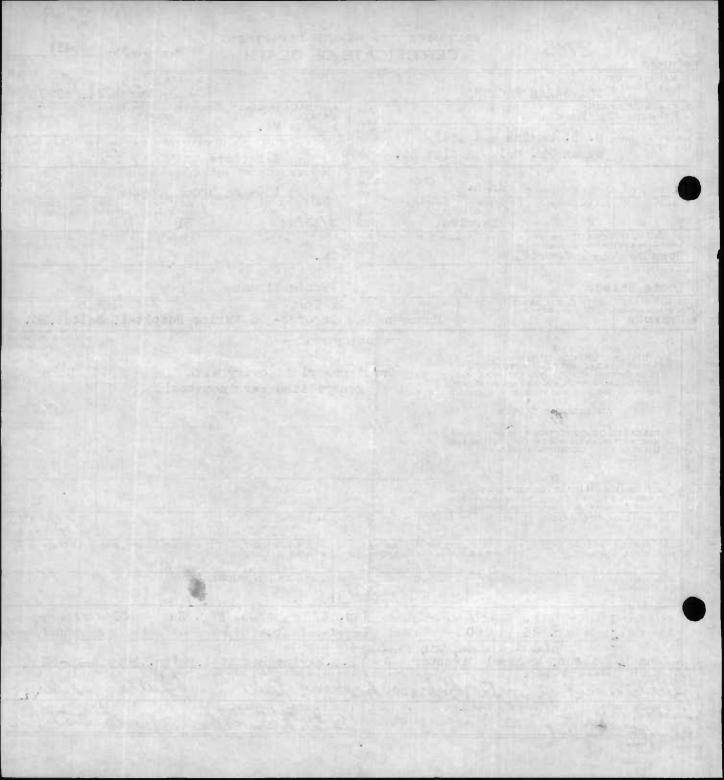
especially

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2786

50 2786 Registered No 95411 1. NAME OF DECEASED 2. DATE (Type or Print) OF IDA SARAH PACHINO DEATH March 24, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U. S. Marine Hospital location) Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Wyman Pk. Drive & 31st St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mag Length of stay in Baltimore Dave 1834 Walbrook Avenue 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) Married 7/25/98 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None House wife Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Balser Fannie Lipman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Unknown Unknown Records- US Marine Hospital, Balto., Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma right ovary with Unkn (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, generalized carcinomatosis DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 YES X 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Jan. 27 , 1950, to Mar. 24 , 1950, that I last saw the deceased alive on Mar. 24 , 19 50, and that death occurred at 5 p.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED John J. Wilson / 1.D. Dooley John L. Wilson, Medical Director M.D. V.S. Marine Hospital, Balto. Md. 3-25-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OR CREMATORY | 24D. LOCATION City, town, or county) -10 Nevrew 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thursday son paule, Mis



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

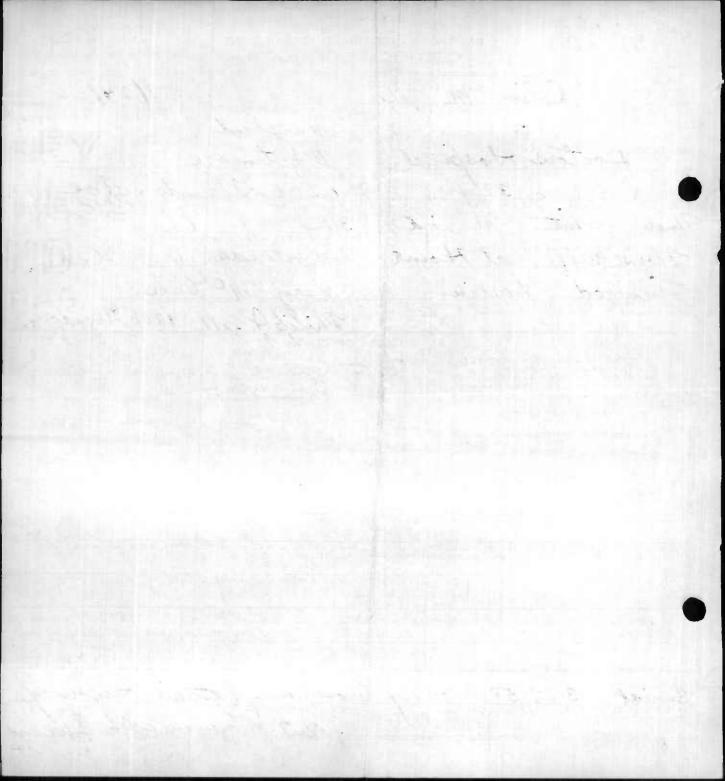
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	K-246		-0	amon
ВІ		E OF DEATH	Registered No.	2787
	NAME OF DECEASED  Spe or Print)  Susan MYTTLE KESSLER		2. DATE OF DEATH 3/6	25/50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	nere deceased lived, 1 inst B. COUNTY	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or		utside corporate limits, w	rite BATRAL and give
IN	ISTITUTION WINT till Jeneral Hay.  Yrs.	Baltin	ore 9	7 - 0 (township)
	Length of stay in Baltimore 26 yrs Mos. Days	1840 Wa	Prott St	
5.	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   ii Under last birthday)   Month	or I Year   H Under 24 Hours
1	Course White Widowed	9/23/1898	5/	
Worl	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	WHAT COUNTRY?
13	LEATHER'S NAME AT A SOME	14. MOTHER'S MAKDEN NA	ME	-USH
1 7	horles Torranger	Unknow		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	15 9 St.
	18. / 7 / V CAUSE	OF DEATH	2 Mount	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	- Dotat		ONSET AND OFATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	sture onswer		& Whip.
	injury or complication which caused death.) DUE TO			
7	ANTECEDENT CAUSES	commend Cervix		2cms
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	**************************************		
FIC	(C)			•
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	+ 11. 1	++1	Culhan
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mala theren 7.	nullyle	3 years
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION /		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.		in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY  NOT WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from		3/25 , 1950, 1	
	deceased alive on 3/25, 1950, and that death occu			date stated above.
	23A. SIGNATURE Oslph Sheer M. D.	23B. ADDRESS W. S. H		3. M-50.
2. TI	4A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMET	t Cem. 193	CATION (City, town, or	1
	ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	25. EUNERAL MRECTOR		Alablas.
MI	IR ve 9501950	Just J.	· arcyzora	he he
lim			4-8	a -07.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No....

50 2788

BI	RTH NO.						
	NAME OF DECE ype or Print)	ASED Oli	ve M.	zill		2. DATE OF DEATH 3/24	1/50
	. PLACE OF DEATH: . Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
В.	s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR				C. CITY ORANN. (If outside corporate limits, write RURAL and give		
	STITUTION	rtass.	Startion	tol	Baltimore  o. STREET ADDRESS (If pral, give location)  1206 Sundon ave  8. DATE OF BIRTH  9. AGE (in year: Il linder I Year Months: Days Hours: Min.		
1	1	- Cura	1 south	Yrs.			
	Length of stay	in Baltimore	3 Zifrs	Mos. Days			
5.	SEX 6.0	COLOR OR RACE		RRIED.			
7	male 1	I hete	Mars	iel			
	A. USUAL OCCUPATION (Give kind of toge during most of working life, even life tired)  INDUSTRY				71. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAM	vere	al M	one	14. MOTHER'S MAIDEN	NAME MAIL	13A
	Terrind Lyslin				Treat Tue Gree		
	. WAS DECEASED E			SOCIAL	17. INFORMANT	ADD	RÆSS .
(Yes	s, no or unknown) (	If yes, give war or date	s of service)	SECURITY NO.	Philip 41	12062	lyndow
	18. 443	× .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						6/3E/ AND DEATH
	(This does not mean the mode of dying, e.g.,						saays.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	AN	TECEDENT CAU	SES	Hacks	de vie ca	Lin Vac en	Maana
TION	DISEASES OR CONDITIONS, IF ANY, GIVING						1200
		ABOVE CAUSE (A)		OUE TO			
CERTIFICA				(C)			
RTI	OTHER SIGNIFICANT CONDITIONS CON-						
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED						
1	19A. DATE OF C	PERATION O	98. MAJOR FIN	DINGS OF OPER	RATION		20. AUTOPSY?
CA	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, giv						YES NO NO E exact location)
EDIC		Specify)		ectory, street, office bldg.,			
MEDICAL		nth) (Day) (Year	(Hour)   21E.	INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY  WHILE AT NOT WHILE AT WORK  AT WORK						
	22. I hereby certify that I attended the deceased from Nov. , 1949, to Mar 23 , 1959, that I last saw the						
•	deceased alive on Man 23, 1950, and that death occurred atm., from the causes and on the date stated above						
	1 2011 1011						23c. DATE SIGNED
2.	4A. BURIAL, CRE		1 240.	M. O.   NAME OF CEMETE		LOCATION (City, town, or	
21 1 12	Runnial (Specify) 3/27/50 April 677055 ben Pitchie Highway						alway
	ATE RECEIVED E	Y REGISTRAR	SIGNATURE	or la	25. FUNERAL DIRECTO	of the	DRESSO /
, L	OCAL REGISTRA	R Special and a	La WA	avie Him	Hodriz K. 6	sowan fold	Stoller
17	1 Ns 450	N	ÂÙ		1	0.	25 8+
11				6		9.	37 -01



1-522 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Emma ancarter DEATH March 24, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Baldinove A. STATE B. FULL NAME OF \_ (If not in hospital or institution, give spect address or HOSPITAL OR Selle Subers 9 The 43 (If ovilide corporate limits, write RURAL and give Venore Nome sa The Vre D. STREET ADDRESS (If rural, give location) Mos. 1200 () alley Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year) WIDOWED, DIVORCED (Specify last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 110BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Romekenper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ohn Grama Georgianna Poole 15. WAS DECEASED EVER IN U. S. ARMED FOR ES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL links Imakino ADDRESS SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from Mch 1- , 1950, to Mch 24, 1900, that I last saw the deceased alive on Mile 23 ... 1950., and that death occurred at 7:50 Am., from the causes and on the date stated above, 23A. SIGNATURE 16318. North ave 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY | 24b, LOCATION (City, town, or county) Burial 25. FUNERAL DIRECT DATE RECEIVED BY LOCAL REGISTRAR

26 1950 VS 150

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2789

It Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

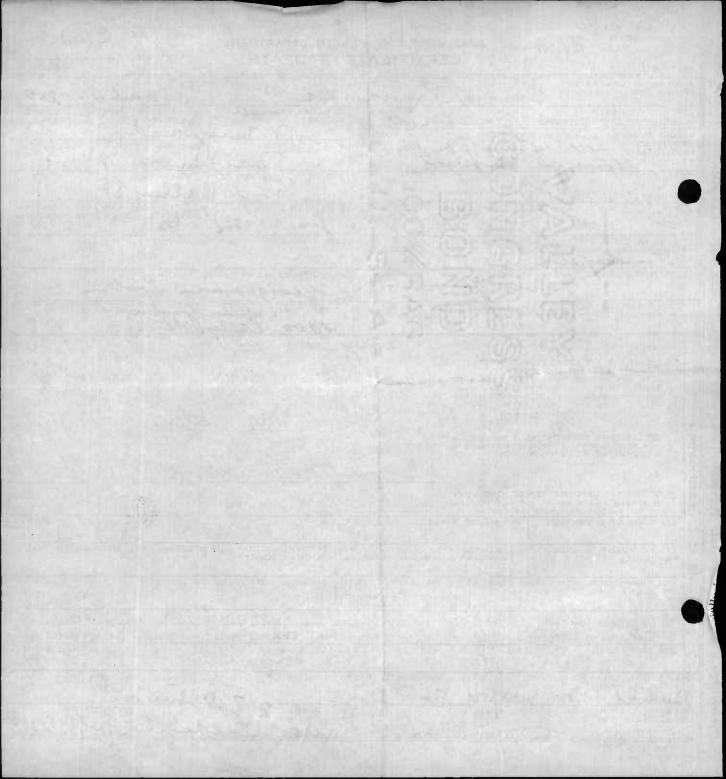
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

mah 24-1950

before admission)

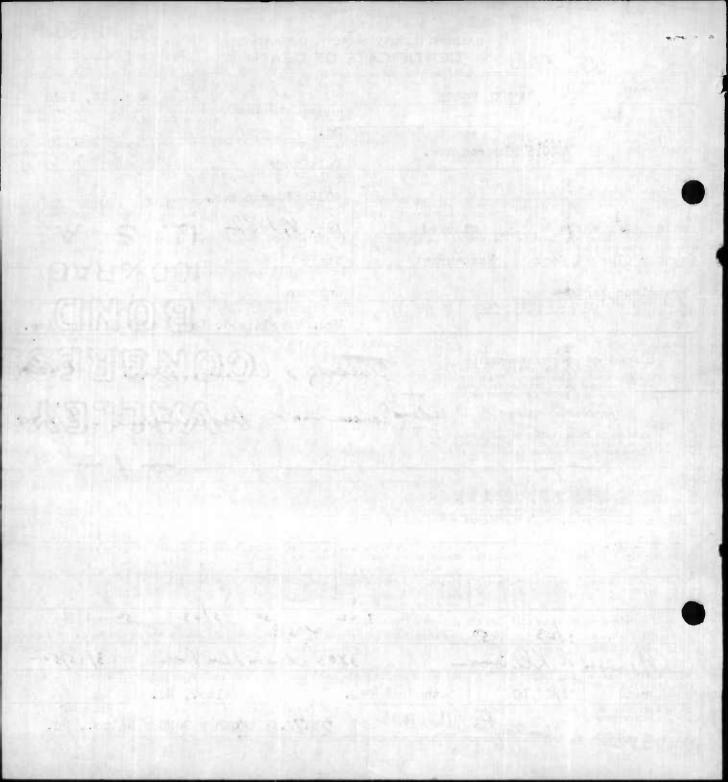


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1	- 6	1	3	0
1	Street		-	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

50	2790

BIRTH NO.	50 2730	CERTIFICATI	L OI DEATH	G	
1. NAME OF I				2. DATE OF	
	SAI	MUEL FONTE		DEATH MAT	23, 1950
a. Baltimore	City, Maryland		4. USUAL RESIDENCE (V	B. COUNTY	before admission)
B. FULL NAME		al or institution, give street address or location)			
INSTITUTION		Elderon Ave.	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township)
YU -			Baltimore	Light !	0-0
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
Length of	stay in Baltimore	Days	4015 Elderon Ave	9. AGE (In year)	t Under 1 Year   It Under 24 Hours
S. SEA	O.COLOR OR RACE	<ol> <li>SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</li> </ol>	8. DATE OF BIRTH		onths Days Hours Min.
male	white CCUPATION (Givekindof)	widowed	Aug. 8, 180 L	67	
ork done during most	t of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	lerk & Cook	Restaurant	Italy		
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N.	AME	
Francisc			Unknown		
15. WAS DECEAS	SED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no			Mrs. Virginia S.	Levy 4015	Elderon Ave.
18. 16	2×.	CAUSE	OF DEATH		INTERVAL BETWEEN
/	ASE OR CONDITION	DIRECTLY			
(This do	LEADING TO DEAT	of dving, e.g., (A) Clus	eralized (ana	nomitorio	6 who
heart fail	lure, asthenia, etc. It mea r complication which c	ns the disease,	,		
singuity of		C. A C	undjed Carai		. 1/
7	ANTECEDENT CAUS	ies walma Care	mona - Bu	onchogeni	e - 1/2 yrs
DISEAS	ES OR CONDITIONS, IT				
UNDERI	LYING CONDITION LA				
DISEASI RISE TO UNDERI UNDERI UNDERI UNDERI					
	11	_(C)			
H TRIBUTIN	SIGNIFICANT CONDI	NOT RELATED			
	OF OPERATION 1	98, MAJOR FINDINGS OF OPER	PATION		20. AUTOPSY?
A Isa. DAIL	OF OFERATION	JB. MAJOR THEMES OF OFER	ATION		YES NO
	DENT, SUICIDE,	218. PLACE OF INJURY (e. g., i	n or   21c. WHERE DID	If in Baltimore City,	
21A. ACCIE HOMICIDE	(Specify)	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
5	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
OF INJURY		WHILE AT NOT WHILE			
		m.   WORK   AT WORK		2/12	
22. I here	by certify that I att	ended the deceased from 3/2	1950, to		, that I last saw the
		, 19_50 and that death occur		he causes and on t	
23A SIGNA	ATURE PPO		3903 Edmonds	on Ave -	23c DATE SIGNED
24A. BUMAL,	CREMA- 24B, DATE		RY OR CREMATORY 24D. L		1 0 0 0 0
TION, REMOVAL (	(Specify)				, , , ( , )
Buria DATE RECEIV			25. FUNERAL DIRECTOR	Lto., Md.	ADDRESS
DATE RECEIV	TRAR REGISTRAR	S SIGNATURE		A COMO D	
- E 40	so I limite	inton Holland Alle	2M.7J. GIICKNEI	t & SUNS D8	lto., Md.
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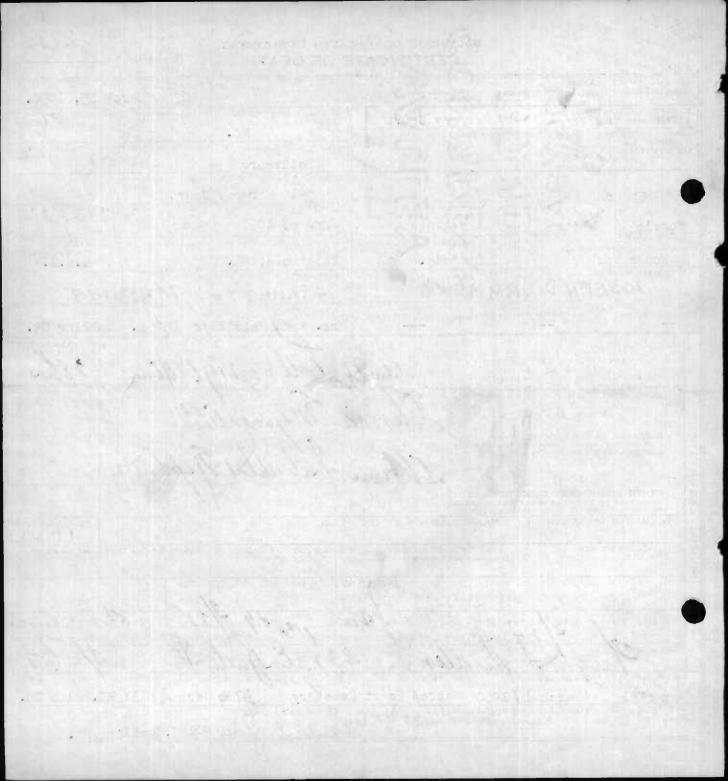


MAR 25 1950

Chief Leuical Examinute Office

## BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO	CERTIFICATE OF DEATH  Registered No										
	1. NAME OF DECEASED (Type or Print) HELENA BEHRINGER								2. DATE OF DEATH	March	25, 1	.950.
	3. PLACE	of DEATH	t	4. USUAL RESIDENCE	CE (Whe				esidence admission			
		NAME OF			ution, give street a		c. CITY OR TOWN			rate limits, w		
bly	0.0					Yrs.	Baltimore D. STREET ADDRESS		ral, give loca	ation)		
egi	Length	h of stay i	n Baltimore			Mos. Days	3410 Harm					
and legibly	5. SEX	6, C	olor or RACE Vhite		LE. MARRIED. WED, DIVORCED Widowed		B. DATE OF BIRTH June 27 1891	\$	AGE (In	years if lind day) Month		Under 24 House Tours Min
ırly	10A. USUA	AL OCCUPA	ATION (Give kind o	108. KI	D OF BUSINES		11. BIRTHPLACE (Stat	te or fore	ign country	)   12	CITIZE	
3		se Worl			Home.	DUSTRY	Baltimore, M	id.			U.S.	A.
death	13. FATHE	R'S NAME	-				14. MOTHER'S MAID	EN NAM	E			
des			PH D.L		ERS		JEANET	TE	M	AINI	US	
of	(Yes, no or un	ECEASED EV	ER IN U.S. ARME yes, give war or dat	D FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMANT			ADD	RESS	
causes			4998		*****		Mrs. Anna Nei	mille	er 830	S. Con	nkling	St.
can	18.	921			C.	AUSE C	OF DEATH					L BETWEE
the		DISEASE O	R CONDITION	DIRECTL	Y /	100	1 / M/m m	116	181	100	28	lin
	(Th	is does not	mean the mode thenia, etc. It me	of dying, e	e. g., (A)	ceo			cy	The state of	10	
write	inju	ry or comp	plication which	caused dea	th.) DUE	1.	. 5.	1/	16	,		
	_	ANTECEDENT CAUSES MAYNIE MAIKAMILIA										
please	O DIS	DISEASES OR CONDITIONS, IF ANY, GIVING										
		RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO										
ans	2	Thomas Southables / lepholis										
sici	OTHER CICALEGANT COMPLETIONS						********					
Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED () TO THE DISEASE OR CONDITION CAUSING IT.											
	. 19A. D.		The state of the s		R FINDINGS O	F OPER	ATION			•••••	20. AU	TOPSY?
nt.	N -				HILLIEN						YES	NO L
import nt.	Z 1A. AG HOMIC	CCIDENT, S	SUICIDE.		LACE OF INJUR e, farm, factory, street, c			(If i	in Baltimor	e City, give	exact loc	ation)
especially in	21b. TOF IN.		h) (Day) (Year	) (Hour)		OCCURRENT WAILE	D 21F. HOW DID IN	NJURY C	CCUR?			
ecia	22.11	herebu cer	rify that hat		e deceased fro	1 29	10194 %	0 -1	21	. 19.50t	hat I las	st saw th
espe		sed alive			and that deap		red at 1 m. fr	And the	caus s a	nd on the		
Is e	23A. S	IGNATURE	KIN	//.	1/2-	2:	DDRESS R	alta	-15	2	3. BATI	IGNEE
age	200	CAN	ght	flel	alex	M. D.	1/3/1.1/1	au	71		120	100
1 1	TION, REMO	VAL (Special		0	Committee of the commit					ty, town, or	/	(State)
correct		ial CEIVED-BY	March 2	1950	Sacred He	eart (	25 FUNERAL DIREC		di mani	Hill R	DDRESS	0 00.
cor	LOCAL R	EGISTRAR		and or	Whates,	报》 O	Sharles I Se	-	01 S.C	onklin		
	Vs	150	** ** ** ** ** ** ** ** ** ** ** ** **	120			0	4			1010	
			III S								1210	



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2793	BALTIMORE CITY H	EALTH DEPARTMENT	50	2793
BIRTH NO.		E OF DEATH	Registered	No.
1. NAME OF DECEASED	1 1 - 01	1 . 1	2. DATE	244
(Type or Print)	ruk Martin Ch	andler	DEATH	-24-50
A. Baltimore City, Maryland		4. USUAL RESIDENCE	BCOUNTY	before admission
B. FULL NAME OF (If not in hosp) HOSPITAL OR INSTITUTION	tal or institution, give street address of	\		nits, write RURAL and giv
44	also horb			township
Length of stay in Baltimore	ee 1938 Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	# Under 1 Year   # Under 24 Hour
m White	WIDOWED, DIVORCED (Specify	Jan 2, 1891	59 Slast birthday)	Months Days Hours Min
199. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	OB. KIND OF BUSINESS OR INDUSTRY	11. BITTHPLACE (State or 1	oreign country)	12. CITIZEN OF
13. FATHER'S NAME O	11	14. MOTHER'S MAIDEN	IAME .	
John C. Ch	andler .	Elvena 1	lovea	
15. WAS DECEASED EVER IN U. S. ARME (Yee, no or inknown) (If yee, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 420, 1	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION	DIRECTLY	10	Then so	ONSE) AND BEAT
(This does not mean the mode heart failure, asthonia, etc. It me	of dying, e. g., (A)	Tarmary	, , , , , , , , , , , , , , , , , , , ,	is suggest
injury or complication which				
ANTECEDENT CAU	Barter (Barter	es Schitte by	perfension	asene
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING THE DUE TO			Oak
O L	A01.			Herm
OTHER SIGNIFICANT CONE	(C)			
TRIBUTING TO THE DEATH, BUT	NOT RELATED			
	198. MAJOR FINDINGS OF OPER	RATION	THE TRUBE	20. AUTOPSY?
U 314 ACCIDENT SUICIDE	218. PLACE OF INJURY (e.g.,		If in Baltimore City,	give exact location)
HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21p. TIME (Month) (Day) (Year OF INJURY			Y OCCUR?	
	m. WHILE AT NOT WHILE	L	74 6	
deceased alive on 3/24	tended the deceased from 1950, and that death occu	0.10 47		the date stated above
23A. SIGNATURE		23B. ADDRESS	ne causes and on	23c. DATE SIGNED
The BUBIAL CREWAL DAS BASE	M. D.	105 med. au	5	3-24-20
TUN, REMOVAL (Specify)	24d NAME OF GEMET	ON LAND	OCATION (City town	n, or county) (State)
DATE RECEIVED BY REGISTRAR	'S SIGNATURE!	25 FUNERAL DIRECTOR	- gen juri	ADDRESA (
MAR 27 1950 / Fund	is signature lower M.	1/1 of the	121721	Voul XT
VS 150	0 711			77-
	2 140	U		937

Physicians: please write the causes of death crearly and legibly.

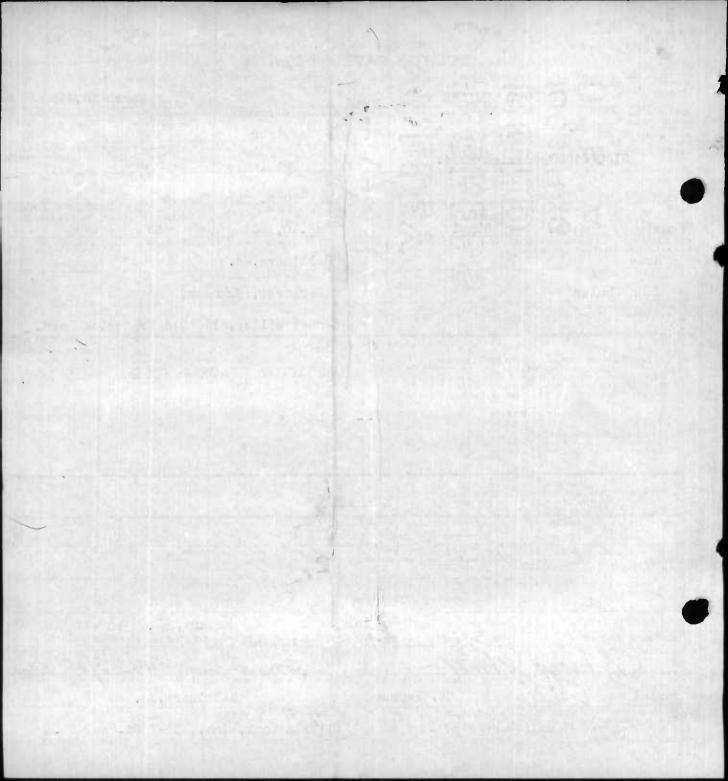
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correct age

## BALTIMORE CITY HEALTH DEPARTMENT

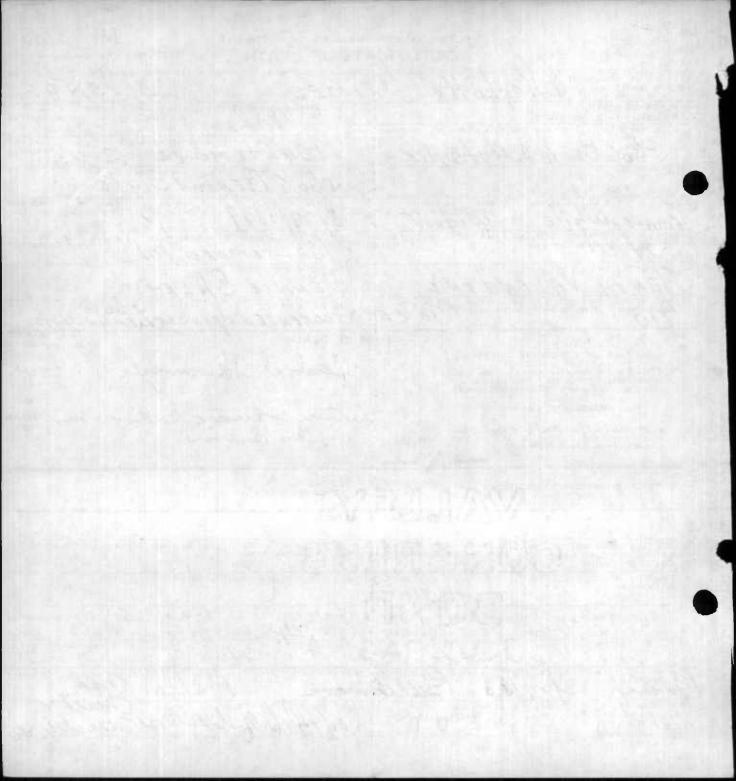
В	RTH NO.			CERTIFICATI	E OF DEAT	H Registered	No.
1. (T	NAME OF Cype or Print)	DECEASED BRIDGE	T WHAL	EN		2. DATE OF DEATH Ma:	rch 25,1950
A.		City, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	
14	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospit		ion, give street address or location)	Maryland c. CITY OR TOWN Baltin	(If outside corporate lin	nits, write RURAL and give
	Length of s	stay in Baltimore		Yrs. Mos Days	D. STREET ADDRE	ESS (If rural, give location)	
	sex emale	6. COLOR OR RACE White	7. SINGLI WIDOW Sing	E. MARRIED. VED, DIVORCED (Specify)	B. DATE OF BIRTH		ff Under 1 Year Months: Days Hours Min
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MA		
	John 1	Whalen			Margaret	(Unknown)	
(Ie	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARME! (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ler,5150 Old Fred	ADDRESS derick Road.
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA'S not mean the mode of the complication which complication will be complicated by the complication	TH  If dying, e. g.  If dying, e. g.  Is the disease  BES  FANY, GIVIN  STATING TH  ST.  TIONS CON  NOT RELATE	(B)	OF DEATH CARCINOMA	FACE & NOSE	6 MONTH
	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
TEDICAL	21A. ACCIE LYING□ O CAUSE OF	R CONTRIBUTING	218. PLA about home,	ACE OF INJURY (e. g., in farm,factory,street,office hldg.,e	or 21c. WHERE D	ID (If in Baltimore City	, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
TIC	deceased a 23a. SIGNA 23a. BURIAL. DN. REMOVAL (S BURIAL ATE RECEIVE DCAL REGIST	CREMA- 245 DATE	19 50 m	and that death occur  A D	red at 6:30mA 3B. ADDRESS ATOM TO R CREMATORY 25. FUNERAL DIR		the date stated above.  23c/DATE/SIGNED  23c/DATE/SIGNED  23c/DATE/SIGNED  (State)
	VS 150	50   1	111	in the second	WIIIIAM VOC	ok, Inc., 1217 St	FRUI ST.

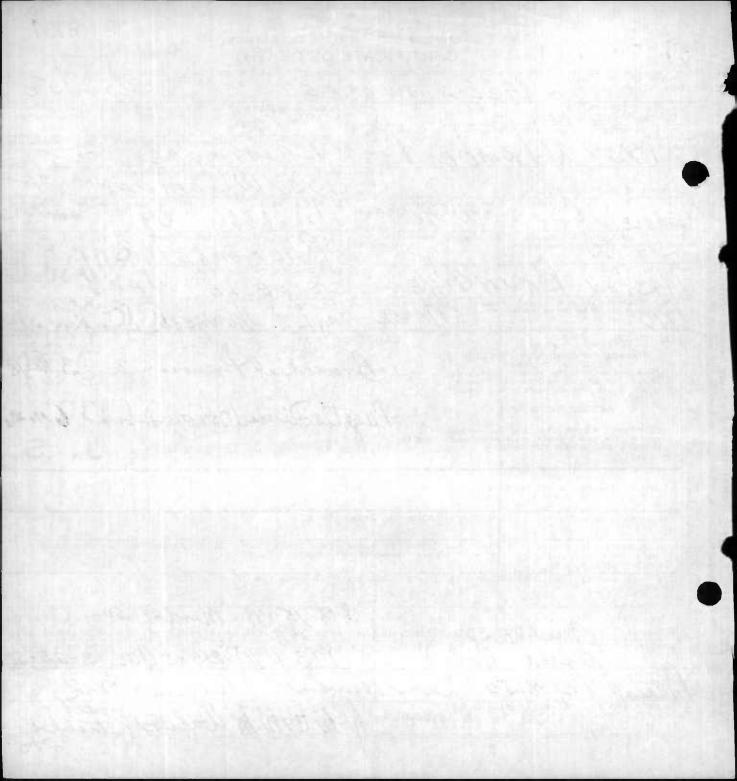


Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) JOHNS HOPKINS HOSPITAL (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 1 V. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO. DHIS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Great Vaists congenite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? EDICA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., il or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3 - 2/-, 1950 to 3 - 25 -, 1950 that I last saw the deceased alive on 3-25-, 1950, and that death occurred at 2 MMn., from the causes and on the date stated above. ME OF CEMETERY OR CREMATORY DATE RECEIVED BY ADDRESS AL CIRECTOR LOCAL REGISTRAR VS 150

PERFECUENCE PROPERTY AND INCOME. CERTIFICATE OF DEATH (CE 

-16	52 BALTIMORE CITY H	SEALTH DEPARTMENT 5	0 2796
(a)  =	BIRTH NO.	E OF DEATH Registered No.	
	(Type or Print) Charlotta SPI	MES 2. DATE OF OF DEPTH 3/7	3/50
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL REGIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
	HOSPITAL OR DENTON AYTS AVE		write RURAL and give
legibl	Yrs. Mos. Days	Tho 6 19 Edtad Hut	5
y an	EMALE, WhitE TO SINGLE, MARRIED. WIDOWED DIVORCED (Specify	8. DATE OF EARTH 9. AGE (In years last binimay) Mont	nder 1 Year If Under 24 Hours hs Days Hours Min.
clea	10A. USUAL OCCUPATION (Give kind of logic KIND OF BUSINESS OR INDUSTRED)	11/BATHPLACE (State or foreign country) 19AL+1 MORE ML	2. CITIZEN OF WHAT COUNTRY?
deat	FENRY VALENTINE	SENNIE CALER	
0 10	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)   SECURITY NO.	LORENCES SPENCER BEN	ba Hyts.
causes		OF DEATH	INTERVAL BETWEEN
write the	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Cerebral Heronbye	5 days
WI	ANTECEDENT CAUSES	Total inclusting Co. O.	1
s: please	CONDERETING CONDITION LAST.	Vescula Desire	man y
hysicians:			
Physici	TRIBUTING TO THE DEATH, BUT NOT RELATED		
ant.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
mportant	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		e exact location)
vi in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT WORK AT WORK		Jan 19 Tille
espec	22. I hereby certify that I attended the deceased from deceased alive on 3-22, 1950, and that death occur	June 1948 to 3-23 1950	that I last saw the
e is e	23A. SIGNATURE Waf R English M. D.	erred at Them., from the causes and on the 23B. ADDRESS Below No.	23c. DATE SIGNED
correct age is espe	100. REMOVAL (Specify) 3/27/10 24c/NAME OF CEMETI	ERY OR CREMATORY 24b. LOCATION (City, town)	county (State)
corr	DATE RECEIVED BY REGISTRAR'S SIGNATURE	125. BYNERAL DIRECTOR Walters	rected V
	VS 150	147.0	737



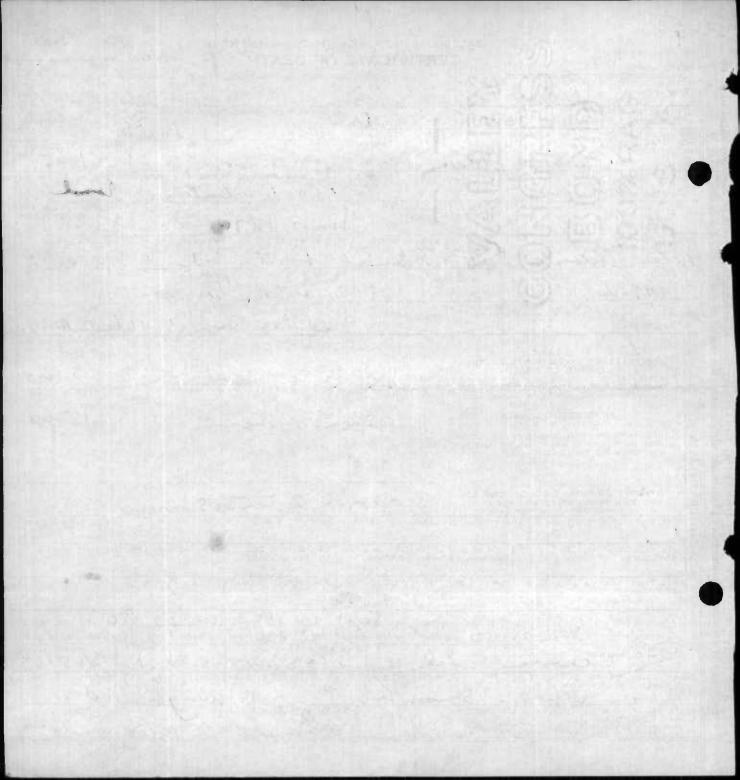


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5		E OF DEATH Registered N	
(7	NAME OF DECEASED  ype or Print) Sarah Meallaghan	2. DATE OF DEATH MAN	25ª 1950
В.	PLACE OF DEATH: Baltimore City, Maryland #24 freemands  FULL NAME OF (If not in hospital or institution, give street address or		nstitution : residence before admission)
11	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits	write RURAL and give township)
0	Length of stay in Baltimore Xrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
14	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Under I Year If Under 24 Hours this Days Hours Min.
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 2. DO OT UERROWED) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	DRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)	e dini Failing	INTERVAL BETWEEN ONSET AND DEATH
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	min artenoilerstei Dadin	o soys
FICA	UNDERLYING CONDITION LAST.		
CERTIFICAT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
AL O	19A. DATE OF OPERATION D 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., i.g., determined by the state of the	in or 21c. WHERE DID (If in Baltimore City, gi	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 3-25, 19 52 and that death occur	3-25, 1950 3-25, 1950	that I last saw the
	Nomen Zinberg MD M.D.	320 Polipser any	23c. DATE SIGNED 3-25-50
Z TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON REMOVAL (Specify) Mars 1996 Sunta	a leem blifton From	or county) (State)
2	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Lep & le work 183 MPatt	Ph ave
	VS 150		93)

+500 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) 3. PLACE OF DEATH A Baltimore City, Maryland 35 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION D. STREET ADDRESS. (If rural, give location) Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 0 10A. USUAL OCCUPATION (Givekind of) 10 KIND OF BUSINESS OR 1. BIRTHE ACE (State or eign country) fork done during most of working life, even if retired, NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 200 rery item CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Dsy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Sent 15, 1944 to 23, 1950. and that death occurred at 10 P.m., from the causes and on the date stated above. deceased alive on Wha 23B. ADDRESS 23A, SIGNATURE E.S. PLEASE TION REMOVAL (Specify Hurial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

(If outside corporate limits, write RURAL and give township) 9. AGE (In years | | Under | Year | Il Under 24 Hours | Months Days | Hours | Min. 12. CITIZEN OF WHATCOUNTRY .a 06 Keisterstown INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY in Baltimore City, give exact location) 1 2 3, 19 ) Pthat I last saw the 23c. BATE S GNED ADDRESS



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1	EALTIMORE	CITY HEALTH DEPARTMENT / 50 280	10			
	DU ZOUU CENTI	FICATE OF DEATH Registered No.				
	IRTH NO. 30-03/02					
	NAME OF DECEASED (ype or Print)  Landa Kibler	2. DATE 0F 3/11/10				
	PLACE OF DEATH	DEATH    4. USUAL RESIDENCE (Where deceased lived, If institution: resi	lence			
	Baltimore City, Maryland	A. STATE B. COUNTY before ac				
H	FULL NAME OF (If not in hospital or institution, give stre	location) C. CITY OR TOWN (If outside corporate limits, write RURAL	and gi			
IN	Stagnes Hospita		wnshi			
1	VI A I I S I R S P I S	Yrs. O. STREET ADDRESS (If rural, give location)	4			
c.	Length of stay in Baltimore	Mos. 3649 prohingson Blod.				
5.	SEX 6. COLOR OR RACE 7. SINCLE, MARRIEL WIDOWED, DIVOR	CED (Specify) last birthday) Months: Days Hou	ler 24 Ifou			
	T. W.	3.13-50 15	0			
10 orl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN (WHAT CO				
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	duke telelec	Lorena.				
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA se, no or unknown) (If yes, give wer or dates of service) SECU	AL RITY NO. 17. INFORMANT/) ADDRESS	3			
		Juke Helle 364 Most B	York			
	18. 762.0	CAUSE OF DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., (A)					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES					
Z		TERMINBL PNEUMINIA				
임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T	0				
CA	UNDERLYING CONDITION LAST. (C)					
E	U					
L.	OTHER SIGNIFICANT CONDITIONS CON-					
S	TO THE DISEASE OR CONDITION CAUSING IT.					
۲	19A. DATE OF OPERATION   19B. MAJOR FINDINGS		Γ			
CA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJ	EO TOMY - SLIELF EO EMIN YES URY (e.g., in of 21c. WHERE DID (If in Baltimore City, give exact locations)	NO L			
EDI	LYING OR CONTRIBUTING about home, farm, factory, str		· · · · ·			
Σ		Y OCCURRED 21F. HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT	NOT WHILE				
	m.   WORK	AT WORK				
1	22. I hereby certify that I attended the deceased					
	deceased alive on 3/26, 19 60 and that a	leath occurred at 2:05 m., from the causes and on the date stated				
	Cholin H. Ale	10 Af. agrees 16ah 3/21	/00			
24	4A. BURIAL CREMA- 24B. DATE 24C. NAME	OF CEMETERY OR CREMATORY   24D. LOCATION (City, town, or gounty)	Strte			
TIC	ON, REMOVAL (Specify) March 47 Correct	rem Juin N	a.			
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
A I	DO 7 1050 Lunting or Williams	40 189, 2 - A NOS 1. 30, 70				
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		1610				

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VS 150

The The	5	BRASHO BALTIMORE CITY HEAL CERTIFICATE O	TH DEPARTMENT DU 2801
•	1. (T	1. NAME OF DECEASED  Type or Print) Pr. MORGAN BRASHEARS	2. DATE OF 3. 26. 50.
supplied.	3. A.	B. PLACE OF DEATH:  A. Baltimore City, Maryland  A.	USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY before admission)
	H	NSTITUTION	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
carefully		Mos.	STREET ADDRESS (If rural, give cation)
be l	-	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, D(VORCED (Specify))	DATE OF BIRTH 9 AGE (In years   H Under 1 Year   H Under 24 Hours   last birthday)   Months; Days   Hours   Min.
should clearly an	10 work		BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
cle		1 - Rotary	MOTHER'S MAIDEN NAME
informati of death	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17	Sarah Harsheis.
of info	(Yes	(lf yee, give war or dates of service)  SECURITY NO.	INFORMANT ADDRESS
Every item of i		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	DEATH  INTERVAL BETWEEN ONSET AND DEATH  A failuse.
INK. please v	NOIT	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	mulised arberios 6 mos.
UNFADING Physicians:	TIFICA	II (c)	angrene legs leg
UNF	CER.	TRIBUTING TO THE DEATH, BUT NOT RELATED	
TH nut.	SAL		une lips of leg. YES NO W
LY, TH	1EDIC	HOMICIDE (Specify)   about bome, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Patimore City, give exact location) INJURY OCCUR?
ATNLY, impo	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
E PL speci		22. I hereby certify that I attended the deceased from 12. I deceased alive on 3.26., 1930, and that death occurred	
WRIT e is e		22A. SIGNATURE	ADDRESS AND A 23c. DATE SIGNED 3.26. 50
PLEASE WRITE PI correct age is especi	24 TIC	24A. BURAL, CREMA- 74B. DATE 24C. NAME OF CEMETERY O	R CREMATORY 24D. LOCATION (City, town, or county) (State)
PLE		DATE RECEIVED BY REGISTRAR'S SIGNATURE  COCAL REGISTRAR  LINE COCAL REGISTRAR SIGNATURE  LINE	FUNERAL DIRECTOR ADDRESS . M. Wally Winfield Mid.

VS 150

ADDRESS

50 2802

It Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED 3-26-50

before admission)

township!

- - PARTING THE OF DEATH TO STATE OF SERVICES

,	<u></u>
PLEASE WRITE PLANLY, TH UNFADING INK. Every item of informatic should be carefully supplied. The correct age is especial important. Physicians: please write the causes of death clearly and leave.	
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The 1	1	2 <sub>тн 2</sub> 863	CERTIFICATI		Registered No_	2803
	(T	NAME OF DECEASED  ype or Print)  Occupations	armolely		2. DATE OF DEATH MANCH	241/950
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	estitution, give street address or	4. USUAL RESIDENCE (W)	here deceased lived, If insti	tution (residence before admission)
efully s	H	OSPITAL OR OMES HAPKING	Incation)	C. CITY OR TOWN (If o	outside corporate limits, w	te RURAL and give township)
le car		Length of stay in Baltimore	Mos. Days		em Jame	
should be	E	semale white "	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Days Hours Min.
ਨੁੱ	work	done during most of working life, even if retired	SE WIFE	11. BIRTHPLACE (State or for	PE K/D 12.	WHAT COUNTRYS
informati of death		FEORGE J. SA	NTAS	ALIEE J. VAN.	AVICH	
of info	(Yes	was deceased ever in U.S. armed forces, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
em		18. 443 X		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
Every it write the		DISEASE OR CONDITION DIRE.  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A) William disease,	ng & Conge	stive tailing	2 m y
2	7	ANTECEDENT CAUSES	Hype	stemme (	UD.	10 yrs.
NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.				
UNFADING Physicians:	CERTIFIC	II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED Chy	ratie H.D.	= but onl so	enniz.
H .	AL	19A. DATE OF OPERATION 19B. MA		ATION		20. AUTOPSY?
orta	MEDIC		B. PLACE OF INJURY (e.g., in home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
0	2	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
TE PI especi		22. I hereby certify that I attended deceased alive on 3-24, 19	the deceased from 2-	16 , 1950, to 7	e causes and on the de	at I last saw the
E WRI		23A. SIGNATURE ZOAN	all M. D.	3B. ADDRESS HOPKINS NO	serral 3	-24-50
PLEASE WRITE correct age is esp	FIC	AA. BURIAL, CREMA- DW. REMOVAL (Specify)	24c. NAME OF CEMETE	leemer Be	CATION (City, town, or co	D
PLI	D.C.	ATE RECEIVED BY REGISTRAN'S SIG	HUE MU HS	25. FUNERAL DIRECTOR	ulor /03 de	@ Herry Il
		VS 150	A CARDINA		98	23

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be	nd
hould	clearly a
informati	of death
Every item of	write the causes
I UNFADING INK.	t age is especial important. Physicians: please write the causes of death clearly and
ATALY, CIT	mportant.
SE WRITE PL	age is especia

50 IRTH	2804	CERTI	FICA	ATE OF	DEATH
7		BALTIMORE	CITY	HEALTH	DEPARTMENT

	50	2804
Registered	No	NO 1

11	46				
BALTIMORE CITY HEALTH DEPARTMENT				X 5	0 2804
BI	-0 000:		E OF DEATH	Registered No	)
1.	NAME OF DECEASED			2. DATE OF	
	Mr. William Geo	orge Demmler	4. USUAL RESIDENCE (W	DEATH March	25, 1950
A.	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, DSPITAL OR	give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	
IN	St. Joseph's Hospital		Raltimore	Mus I va	township)
	5 4 4 000 0ph 5 110 5 ph 0 0 1	Yrs.	D. STREET ADDRESS (If	rural, give location)	
-	Length of stay in Baltimore	llyr. Mos. Days	121 Linhig		
5.	SEX 6. COLOR OR RACE 7. SINGLE, N WIDOWED	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH		the Days Hours Min.
	Male White Marrie		Jan. 26th, 1913	37	
work	A. USUAL OCCUPATION (Give kind of dome during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	EATLED'S MANAGE	rtin Co.	Pennsylvania		
	MIKULA	TA EJ (As)		AME	
	Fredk. A. Demmler . was deceased ever in u. s. armed forces?   10	6. SOCIAL	Lyda Colgan		
(Ye	(If yes, give war or dates of service)	SECURITY NO. 7-03-8410			DRESS
	no no Li		Mrs.W.G.Demmler,	IZI LINNIGN AV	INTERVAL BETWEEN
	ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mel	aslave ca	2 cenoma	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO Cho	adra much	o-sarcon	
		DOE TO COL	sind to love	1110	
z	ANTECEDENT CAUSES & Sight Jamus				
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO	0		
CA	UNDERLYING CONDITION LAST.	0.1			
IFI		(c) Friman	y site right t	high	over
	OTHER SIGNIFICANT CONDITIONS CON-				
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************	· · · · · · · · · · · · · · · · · · ·		
1	19A. DATE OF OPERATION 7 19B. MAJOR FI	NDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		OF INJURY (e. g., in		f in Baltimore City, giv	
	HOMICIDE (Specify) about home, farm.	,factory,street, office bldg., e	tc.) INJURY OCCUR?		
Σ		. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
		E AT NOT WHILE			
	22. I hereby certify that I attended the de-	-	/24/ , 19 50 to	3/25/ ,1950	that I last saw the
			red at 5:10AM., from ti		
	23A. SIGNATURE ELLEN SLWW	1 0 2	38. ADDRESS		23c. DATE SIGNED
		M. D.	1100 N. Caroline	Street	3/25/50
TI	ON, REMOVAL (Specify)	. NAME OF CEMETE	RY OR CHEMATORY 24d. LO	OCATION (City, town, o	r county) (State)
-		Parkwood	Bal-		ADDRESS
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	and with	25. FUNERAD DIRECTOR		ol Belair Rd.
=	MAIN 4 1 100UI	, , , , , , , , , , , , , , , , , , ,	gasselm Tim	ele pine 140	r berair kd.
	VS 150	4963	6		55B

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Letter in document file 50-2804 - 5/4/50.

ully supplied.

'H UNFADING INK. Every item of informatio hould be cat. Physicians: please write the causes of death clearly and town

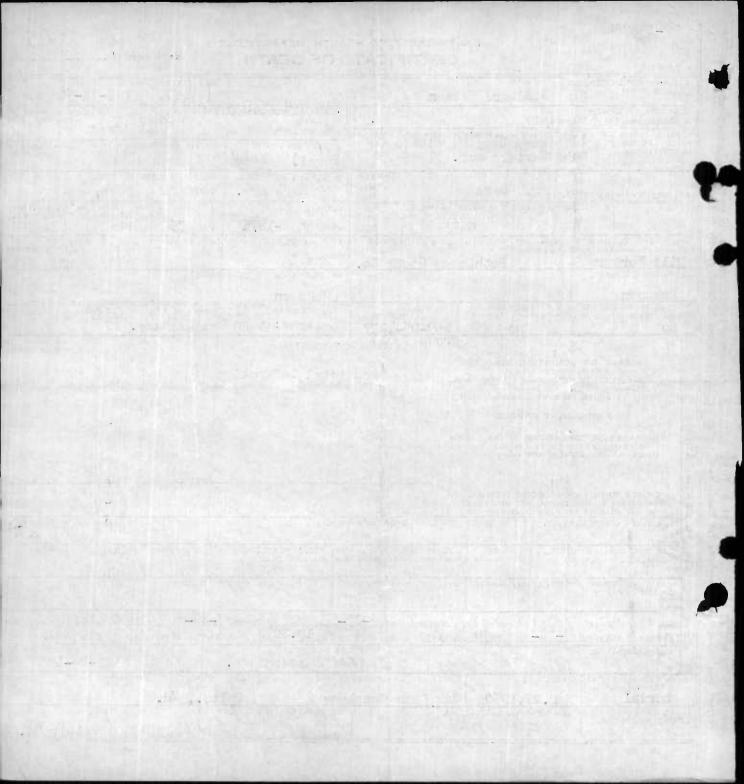
PLEASE WRITE PLA

## BALTIMORE CITY HEALTH DEPARTMENT

50	2805
Registered No.	

	RTH NO.		CERTIFICAT	E OF DEATH	Registere	d No.
1.	NAME OF DECEASED	ward He	rman		2. DATE OF DEATH	3-24-50
Α,	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	tion, vive street address or	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived B. COUNTY Balt	If institution: residence before admission) imore	
HO	DSPITAL OR Baltimore 4940 East	City H ern Ave	tion, give street address or lospitals location)	c. CITY OR TOWN Rural) Essex	If outside corporate li	mits, write RURAL and give township)
c.	Length of stay in Baltimore	8yrs	Yrs. Mos. Days	D. STREET ADDRESS ( 902 Mace Ave.	If rural, give location) zone 21	
5. N	SEX 6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED. DIVORCED (Specify) LT18d.	B. DATE OF BIRTH March 1-1875	9. AGE (In years last birthday)	Months Days Hours Min.
worl	A. USUAL OCCUPATION (Givekind of closed during most of working life, even if retired)  111 Worker . FATHER'S NAME		of Business or INDUSTRY	Russia 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY? USA
	Unknown	DESCRIPTION OF THE PROPERTY OF		Unknown		
15 (Ye	WAS DECEASED EVER IN U.S. ARME s, no or nuknown) (If yes, give war or date no n		16. SOCIAL SECURITY NO. 169-05-1277	Records: 4940	imore City H Eastern Ave.	Appres1s
ERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the condition of the condit of the condition of the condition of the condition of the condi	TH of dying, e. ans the disea caused deat  SES F ANY, GIVI STATING T AST.	se, h.) DUE TO  (B)	ardial Infarction	n	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19A. DATE OF OPERATION ()	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO	
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL. about home,	ACE OF INJURY (e. g., i farm, factory, etreet, office bldg.,	21c. WHERE DID (NJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT WORK .					
	22. I hereby certify that I attended the deceased from 3-23-, 1950, to 3-24-, 1950, that I last saw the deceased alive on 3-24-, 1950, and that death occurred at 10.30PM, from the causes and on the date stated above.					
	23A. SIGNATURE	Co		38. ADDRESS 940 Eastern Ave.		3-24-1950
710 TI	AA. BURIAL, CREMA- DN. REMOVAL (Specify) burial Mar. 27,	.//	24c. NAME OF CEMETE Oak Lawn Cemet	RY OR CREMATORY 24b.	LOCATION (City, to	wn, or county) (State)
J., C	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR			25. FUNERAL DIRECTOR	?	ADDRESS

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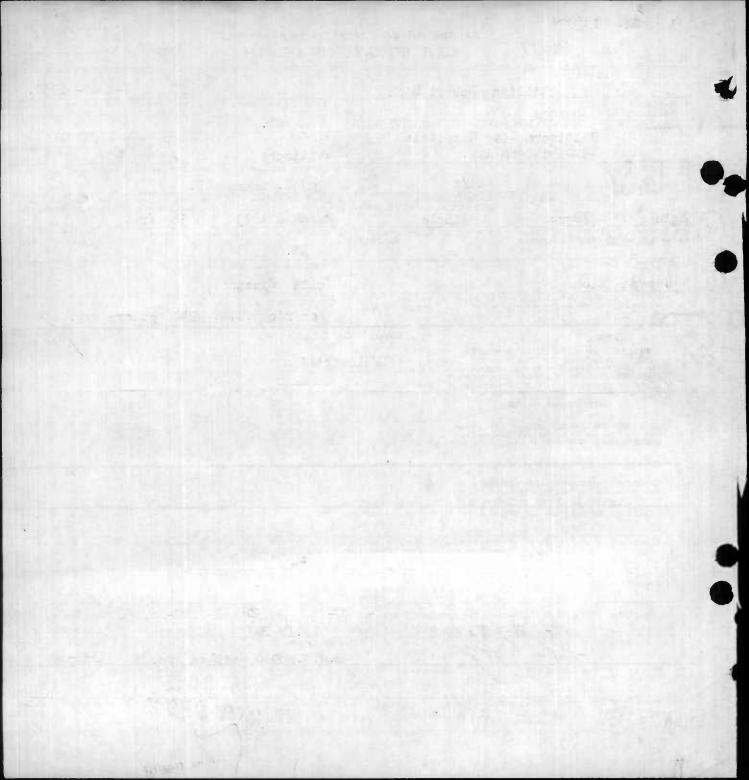
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and ask for autops,
findings

Letter in document file 50-2806-5/4/50.

## BALTIMORE CITY HEALTH DEPARTMENT

	50 2807 CERTIFICATI		2807	
1.	NAME OF DECEASED  William Robert Rich	2. DATE.	27- 1950.	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst		
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Baltimore City Hospitals location)		rite RURAL and give	
3	4940 Eastern Ave.	Baltimore 2201	township)	
C.	Length of stay in Baltimore Life Yrs.  Mos. Days	p. STREET ADDRESS (If rural, give location)  307 S. Sharp ST.		
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ale Negro Single	B. DATE OF BIRTH  March 8 1893  9. AGE (In years of Under last birthday) Month 56 Yrs.	Year II Under 24 Hours Days Hours Min.	
10 work	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR doneduring most of working life, even if retired)  INDUSTRY	II. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15	Joseph Aich . WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Julia Ranson		
(Yes	(If yes, give war or dates of service) SECURITY NO.	Records B.C.H. 4940 Eastern		
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
AL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION	YES NO	
1EDIC.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e		exact location)	
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK			
24	A. BURIAL, CREMA- 24B. DATE / 124C. NAME OF CEMETE	Tred at] 1. 18 PM from the causes and on the causes are caused and causes are caused and causes and causes and causes and causes and causes and causes are caused and causes and causes and causes are caused and causes and causes and causes and causes are caused and causes and causes are caused and causes and causes are caused and ca	date stated above.  3c. DATE SIGNED  3-7-50	
DA LC	TE RECEIVED BY CAL REGISTRAR'S SIGNA THE CAL REGISTRAR HUMANIA	BIT MEDICAL SCHOOL WAR 2 0 1950	DDRESS	

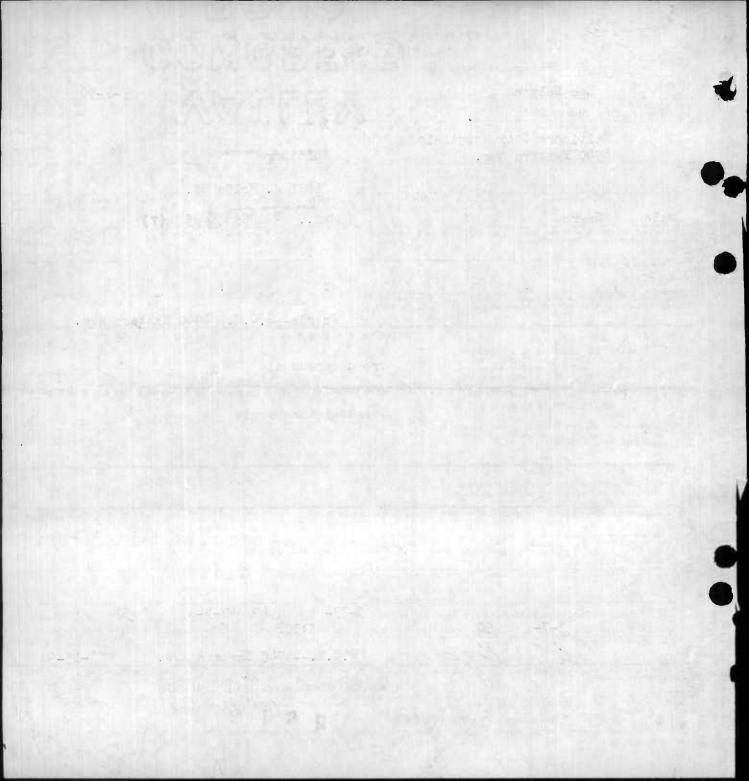


### 2808

## BALTIMORE CITY HEALTH DEPARTMENT

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The	511 (8110)	HEALTH DEPARTMENT Registered No. 2808			
5	1. NAME OF DECEASED (Type or Print)  Lee Nelson	2. DATE OF DEATH 3-7-50			
uppli	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission			
fully suppli	HOSPITAL OF Baltimore City Hospitals location 4940 Eastern Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township			
0	Yrs.  Youngth of stay in Deltain 2	D. STREET ADDRESS (If rural, give location)			
ld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Property of the color of	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hour			
should learly a	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF /			
atric	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
informs s of dear	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yee, no or unknown)   (If yee, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS			
BINDIN of infor uses of d		Records_B.C.H. 4940 Eastern Ave.			
ARGIN RESERVED FOR BIR FADING INK. Every item of sicians: please write the cause	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	chopneumonia bral thrombosis			
VNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
it it	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	YES NO X			
n Part	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or in or about home, farm, factory, street, office bldg., etc.)  ADDITION OF CAUSE OF DEATH  21C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?				
Z.H	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY  m. WHILE AT NOT WHILE AT WORK				
PLEASE WRITE P	23A. SIGNATURE	urred at 5:30 Pm., from the causes and on the date stated above 23B. ADDRESS   23C. DATE SIGNED			
ASE WI	24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMET	B.C.H4940 Eastern Ave. 3-15-50  ERY OF CREMATORY 24D. LOCATION (City, town, or county)  SIIY MEDICAL SCHOOL MAR 2 01950			
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAC PRESTORIES OF HEALTH ADDRESS			

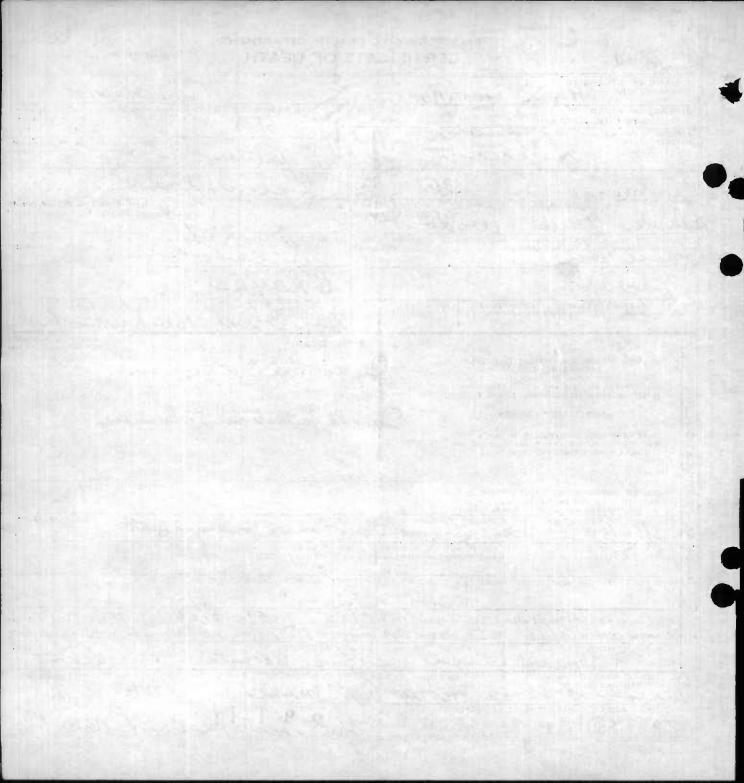


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3 3		6	0	3	U
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2809
Registered	No.	

1	1	65		
The		BALTIMORE CITY HE CERTIFICATI	THE PERMITTER	2809
	1.	NAME OF DECEASED  type or Print)  MAMIE LIBERMAN	2. DATE OF DEATH 3/26	150
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decensed lived. If ins	titution: residence before admission)
ully supplied	H	FULL NAME OF (If not is hospital or institution, give street address or location) ISTITUTION	c. CITYOR TOWN (If outside corporate limits, w	rite MURAL and give township)
e ca	C	Alength of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)	
and bu	To en	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Und Month	er l Year Hours Hours Min.
should clearly a	10 WOW	A JUSUAL OCCUPATION Give kind of lob. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
2,5	13	FATHER'S NAME	14. MOPHER'S MAIDEN NAME	
DI of o		5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL  SECURITY NO.	Max Cohen 161x Ken	too we
UNFADING INK. Every item of i Physicians: please write the causes	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH testinal Obstruction ll Intestinal Volvulus	INTERVAL BETWEEN ONSET AND DEATH
UNF	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Loo AllTopova
Sept.	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER Seni-governous sur	RATION GOLD FOR SEVERAL BOST.  nor! 21c. WHERE DID (If in Baltimore City, give	YES NO P
LY, ITH	MEDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?	
PLEASE WRITE PL		deceased alive on 3/26, 1950, and that death occur	rred at 9:50 pm., from the causes and on the	that I last saw the dute stated above.  232 DATE SIGNED
LEASE orrect ag	2/ T/	N. REMOVAL (Specify) 3-V8-50 Werew Miles	town, or constant of the control of	DDRESS DORESS
<b>4</b> 5		WAR 29 1550 tuiting for Milliams, Mar	fack heaves pur 2100 Gui	tow /L
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PLEASE WRITE PLA

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# CERTIFICATE OF DEATH

50 2811 Registered No.

BIRTH	NO.				
I. NAM (Type of	e OF DECEASED CATHERIN	E SCHWARTZE		2. DATE OF DEATH	3/25/80
	ce of death: imore City, Maryland		A. STATE	NCE (Where deceased lived. B. COUNTY	If institution; residence before admission)
B. FULL HOSPIT INSTIT	AL OR	tution, give street address or location)	C. CITY OR TOWN	(If outside corporate line	its, write HURAL and give township)
44	(Val) mo	Yrs.		SS (If rural, give location)	0-128
c. Len	gth of stay in Baltimore	Mos. Days	Balt		
5. SEX		DWED, DIVORCED (Specify)	Suls 15.18	72 9. AGE (In years last hirthday)	A Under 1 Year A Under 24 Hours Aonths Days Hours Min.
	UAL OCCUPATION (Give kind of luring most of working life even if retired)	ND OF BUSINESS OR INDUSTRY		tate or foreign country)	2 CITIZEN OF
13. FAT	HER'S NAME		14. MOTHER'S MAI	DEN NAME	
Th	Lange Commela	00	Bus of	O Marcal	
15. WAS	DECEASED EVER IN U. S. ARMED FORCES unknown) (If yes, give war or dates of service	? 16. SOCIAL	17. INFORMANT	Anne	ADDRESS
Yes, no or	(If yes, give war or dates of service	None No.	miss mes	ie Schwartze	2003 Horneway
18.	572.1.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	D -+ 1	+	21/8
	This does not mean the mode of dying,	e. g., (A)	Peutonto (	ccus	of y prins
	neart failure, asthenia, etc. It means the di njury or complication which caused d				
	ANTECEDENT CAUSES	2	0	7. 14	
Z			ud Devi	Maulle My	ect
	DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING				
Y I	UNDERLYING CONDITION LAST.				
F		(C)	***************************************		
E G	II OTHER SIGNIFICANT CONDITIONS				
W .	TRIBUTING TO THE DEATH, BUT NOT RE	ATEO	Illusch.	C. V. dislas	(
	DATE OF OPERATION 198. MAJ		RATION		20. AUTOPSY?
¥					YES NO
	. ACCIDENT, SUICIDE, 21B. MICIDE (Specify) about be	PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.,	le or 21c. WHERE D		, give exact location)
5	TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCUR?	
	INJURY (Manth) (Day) (Tear) (Month)	WHILE AT NOT WHILE			
	n				
	I hereby certify that I attended	he deceased from	3/8/33, 19	, to 3/20/10, 19.	, that I last saw the
				from the causes and on	
23/	A. SIGNATURE meylish	24	23B. ADDRESS	-B11	23C. DATE SIGNED
24A. I	BURIAL, CREMA- 248 DATE	M. D.   24c, NAME OF CEMET	ERY OR CREMATORY		vn, or county) (State)
TION, R	EMOVAL (Specify)				
11	urial 6/29/50 RECEIVED BY REGISTRAR'S SIGN	New Cath	erel Cem.	Baltimore ECTOR	ADDRESS
	REGISTRAR	1 1 1 1 1 1			
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5	1 3913	50	
В	CERTIFICATI	E OF DEATH	0
1.	NAME OF DECEASED . FRANCISE CHAILLOU	2. DATE OF 3 - 1	1450.
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	nstitution : residence before admission)
	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	1	before admission)
H	SPITAL OR STITUTION WER BULL Jural	C. CITY OR TOWN (If outside corporate limits,	write IN RAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore Mos.  Days	890 Mt Hally	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/AGE (In years #1	Inder   Year   N Under 24 Hours ths: Days Hours Min.
M	ale White Married	March 22,1886 67	
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
	STRAWMAT FINITHER HATS (M)	Md.	
11	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	ouis Chaillou	Virginia	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AD	DRESS
(=		Mrs. Leah Chaillou, 840 M	t.Holly St.
	18. //3 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		111/
	(This does not mean the mode of dying, e.g.,	cenome lling, sursect	With lovor
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
Z	ANTECEDENT CAUSES		
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
AT	UNDERLYING CONDITION LAST.		
RTIFICA	(C)		
Ē			
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
AL	TOX. DATE OF OF ENTIRE OF		YES NO
EDIC.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.		ive exact location)
X	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY		
	m. WORK AT WORK		-1
	22. I hereby certify that I attended the deceased from	2/13/TU, 19, to 3/24, 19 I	, that I last saw the
		rred at 400 m., from the causes and on th	
	m/ Heer	23B. ADDRESS Lot BOH	23CL DATE SIGNED
2	M. D.   4A. BURIAL, GREMA-  24B. DATE   24C. NAME OF CEMETE		or county) (State)
II	urial 3/28/50 Loudon Park		
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	MAR 29 1950 Linetugitar Medianial Al	arry W. With Le 4101 Bdm	ondson Ave.
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11	49603		717

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		Mary Control			W2
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	7		201371		
			a delicated to		

INTERVAL BETWEEN

ONSET AND DEATH

50 2813

12. CITIZEN OF

WHAT COUNTRY?

before admission)

ADDRESS

20. AUTOPSY

item

PLEASE correct 23A. SIGNATURE

that I last saw the

24A. BURIAL, CREMA TION, REMOVAL (Specify

Western Edmondson Ave & Longwood t.Balto.Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25 FUNERAL DIRECTOR

4101 Edkondson

VS 150

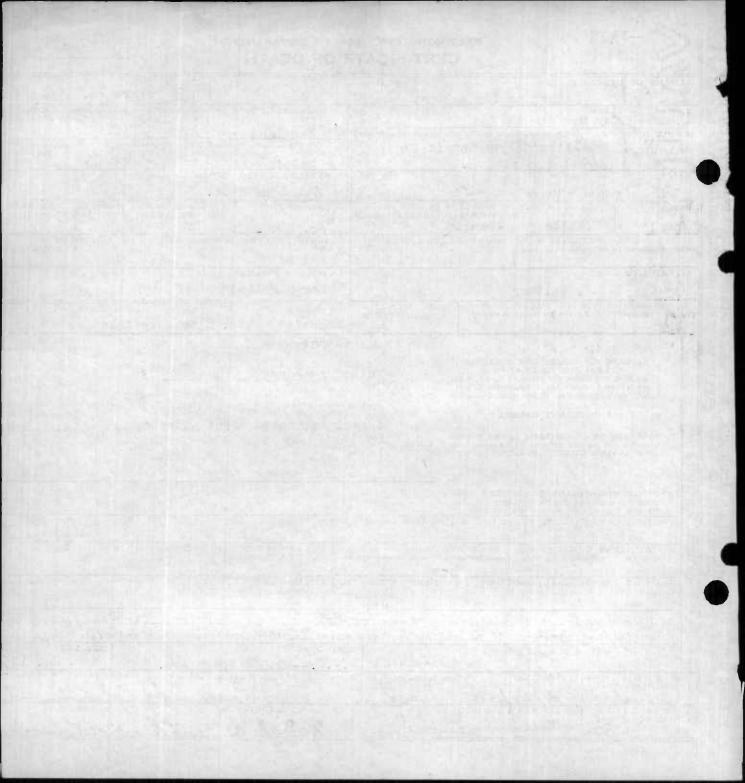
north and a co S. IN PERCENTED IN SING . Balled al. WITTERCOVERS TO THE PARTY OF TH C. OT LOW, THE DELIEF HOLD, LITT, CHESONOW CATER TO THE PROPERTY OF THE PARTY OF THE PA con long

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MS.	135914
50	2814

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	2814
Registered	No	HORAT DE A

	BIRTH NO.						
	1. NAME OF DECEASED (Type or Print)	344		2. DATE OF Marc	h 26, 1950		
	S. PLACE OF DEATH: A. Baltimore City, Maryland	alther	4. USUAL RESIDENCE (W				
	B. FULL NAME OF (If not in hospital or institution, give street address or			Maryland			
	HOSPITAL OR Baltimore C		spitals location)	c. CITY OR TOWN (If	outside corporate limi	its, write RURAL and give township)	
	3 4940 Easter	n Ave.		Baltimore	10-	00	
	c. Length of stay in Baltimore  Life  Yrs.  Mos.  Days			760 Linard St	rural, give location)		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours In.	
	Female White	Singl	е	Dec. 24, 1876	73		
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo.	reign country)	12. CITIZEN OF WHAT COUNTRY?	
				Maryland			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	Charles V. Walther	X 2 - 1		Norah Mullen			
	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or nnknown) (If yes, give war or dates of	FORCES?	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				Records* Balto.	City Hospita	als	
	18. 420.0		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION D						
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.		onary Edema	************************	•	
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING  Arteriosclerotic Heart Disease						
	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE DEATH, BUT N	STATING THE	E DUE TO				
	2						
	11		(C)				
	OTHER SIGNIFICANT CONDIT						
	U TO THE DISEASE OR CONDITION	CAUSING IT					
	7	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
Ì	YES A 21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact located)						
	VES LA ACCIDENT. SUICIDE, HOMICIDE (Specify)  218. PLACE OF INJURY (e.g., in or low low plants)  216. PLACE OF INJURY (e.g., in or low plants)  216. PLACE OF INJURY (e.g., in or low plants)  217. WHERE DID (If in Baltimore City, give exact low low plants)  About home, farm, factory, street, office bldg., etc.)  About home, farm, factory, street, office bldg., etc.)						
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
1	OF INTIRY						
	m.   work L. AT WORK L.						
	22. I hereby certify that I attended the deceased from 2-19-, 19 50 to 3-26-, 19 50, that I last saw the						
	deceased alive on 3=26, 19.50 and that death occurred at 8:30AM., from the causes and on the date stated above						
	23A. SIGNATURE	In		C.H 4940 Easte	rn Ave	Mar. 26, 195	
	24A. BURIAL, CREMA 24B DATE TION DEMOVAL (Specify)	1/2	4C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	DCATION (City, town		
	Devial 3/29	150	Kestern	Laure	umad + C	dononder Dleve	
	DATE RECEIVED BY   REGISTRAR'S	SIGNATU		25. FUNERAL DIRECTOR		ADDRESS /	
	MAR 27 1950	Not 1%	hidus miss	Harrak 15	nitke.	4101 Celmondon	
	VS 150	9			0	A \	



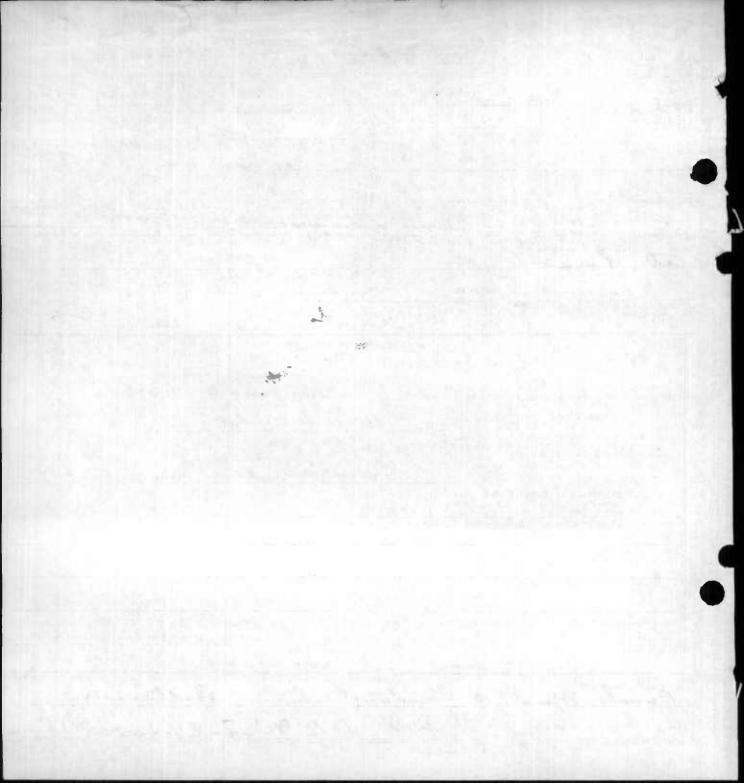
PLEASE WRITE PLAINLY TH UNFADING INK. Every item of informat correct age is especial inportant. Physicians: please write the causes of death

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2815

Registered No.

В	IRTH NO.			OLIVINI TOTAL			
	NAME OF DI	eceased Mar	ie Sc	hultz		2. DATE OF DEATH	1 24,50
3 A	Baltimore City, Maryland 1815 n Bokes &			4. USUAL RESIDENCE (	Where deceased lived, If ins B. COUNTY	titution: residence before admission)	
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospi		ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits v	
	-		7	6	Ballemon	e These O.	-05 township)
٦				Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore		Refe Mos. Days	1815 77	Boul II	der 1 Year   M Under 24 Hours
2	Jenale .	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	august 5 1882	last birthday) Month	ns Days Hours Min.
		CUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S N		0.		14. MOTHER'S MAIDEN N	AME	
	9.	corge w.	Soine	e	Eurum Sigs	elen	
1 (Y	5. WAS DECEASE es, no or unknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT  Mrs Class		RESS
-	1 /						INTERVAL BETWEEN
	18. 41	2 X 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DE			Carriera	English	26
	heart failu	not mean the mode re, asthenia, etc. It me complication which	ans the diseas	se,	arlens bleva	er Irgresler	240
		ANTECEDENT CAU	ISES				240
z	Thursday to see the second of						
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
FIC	(c) Curous Juleuteline negline						2.00
IJΕ							
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED						
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
∥₹	No						YES NO
EDICA	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE						
	m.   WORK   AT WORK   1050 that I had a with						
	22. I hereby certify that I attended the deceased from 1950, to 200, that I last saw the deceased alive on 23, 1950, and that death occurred at 3 m., from the causes and on the date stated above.						
	deceased at		<u>v, 1930</u>		rred atm., from		aate statea above.
	ZJA. SIGNA	I has. I.	a. Str	wall M. D.	2878 Harfo		3-24-50
	4A. BURIAL, (S	CREMA- 24B. DATE	17/12	24C. NAME OF CEMETE		B. 17	county) (State)
-	ATE RECEIVE	D BY   REGISTRA	S'S'SIGNATA	IRE	25. FUNERAL DIRECTOR	, 5	DDRESS
L	OCAL REGIST	man water A	alor Al	land, Ma	all your	al Home 2	sof alem
	VS 150					1:	310



BALTIMORE CITY HEALTH DEPARTMENT JI- 136709 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Otto A. Dromelhausen 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence STATE Md. A. Baltimore City, Maryland (If not in hospital or institution, give street address or Baltimore City Hospital scation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) cal Mos. O'Donnell St. c. Length of stay in Baltimore 70 yrs. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Spe should Male White clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OF work done during post of porking life, even if retired) INDUS 13. FATHER'S NAME death of informa Ludwig 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes. no or unknown) SECURITY N the causes item CAUS DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Loba Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UNFADING INK. Physicians: please Ur RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF THI CAL nportant. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e MEDI about home, farm, factory, street, office b 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCI OF INJURY WHILE AT TE PLA especia WORK AT W 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE Mar 24 50 and that death of deceased alive on. 19 23A. SIGNATURE 24B. DATE 24C. NAME OF CEM 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Registered No.

2. DATE

OF

DEATH

B. COUNTY

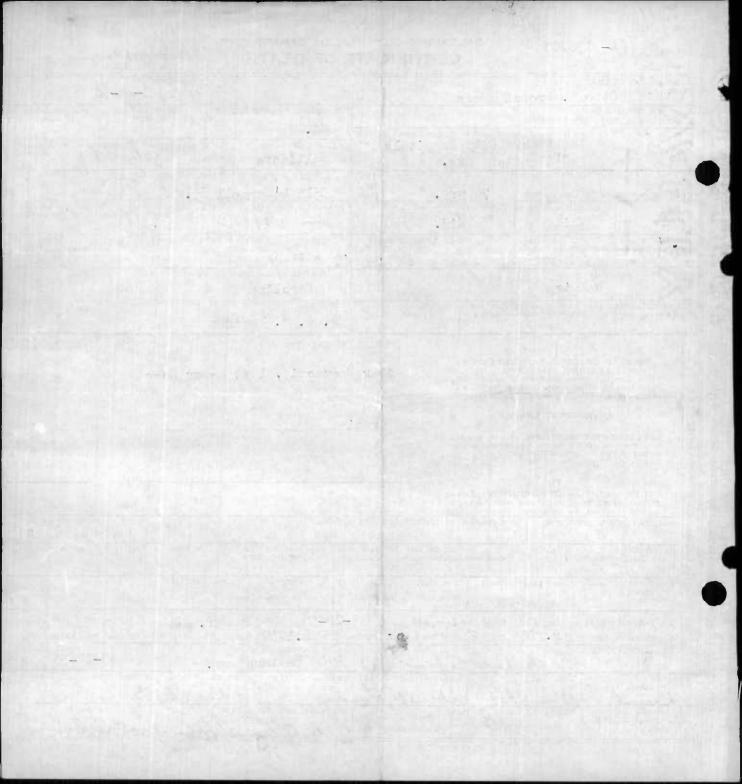
before admission)

township)

cify)	May 3.4/	869 last birthd	ay) Months Days Hours Min.
TRY	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	14. MOTHER'S MA		V
ο.	B. C. H.	ecords	ADDRESS
E	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
r l	Pneumonia, le	eft Lower Lobe	<b></b>
em:	La		
PER	ATION		20. AUTOPSY?
. g., i.	or 21c. WHERE D		City, give exact location)
HILE	ED 21F. HOW DID	INJURY OCCUR?	
			, 19_50hat I last saw the
	4940 Easter	n Ave.	d on the date stated above.    23c. DATE SIGNED   3-24-50
ETE	Lae	Ballo (Cit	y, town, or county) (State)
	tell between	0.1	oof alexand
			108

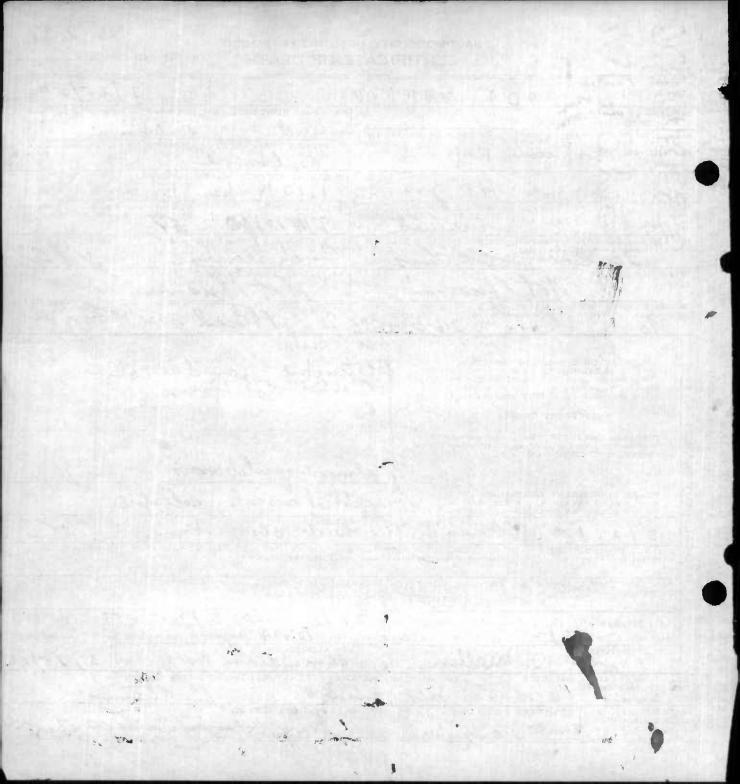
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1	9			BALTIMORE CITY HE	FALTH DEPARTMENT	50	2817
	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.—						
	1. NAME OF DECEASED (Type or Print) MV. RADA MARKOV					2. DATE OF 3 /2	5-/5-0.
	S. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (WI		tution: residence hefore admission)
	B. I	FULL NAME		or institution, give street address or location)		Beltemore	
		SPITAL OR STITUTION	Bon Secon	140f.	Balting	outside corporate lintits w	tite RURAL and give
legi	c.	Length of s	tay in Baltimore	43 3 Yrs. Mos. Days	D. STREET ADDRESS (If r 1310 Kupe		
and	5.	SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	9 18 18 180	9. AGE (In years last highlay) Months	
clearly		done during meet	CUPATION (Givekind of a wurking life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY		1	WHAT COUNTRY?
death	13	FATHER'S	NAME MIT	Know	14. NOTHER'S MAIDEN NA	ME	
of	15 (Yes	, no or poknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	PORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	& 2621 900	ess elle
causes		18.	81.0	CAUSE	OF DEATH		INTERVAL BETWEEN
		4	SE OR CONDITION	DIRECTLY 101 =	+ 1	1.	ONSET AND DEATH
write the		heart failu	LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mea complication which of	f dying, e. g., (A)ns the disease,	ortal cilebo	is,	
		miguzy or	ANTECEDENT CAUS				
please	TION	RISE TO T	S OR CONDITIONS, IN	F ANY, GIVING STATING THE DUE TO		•	
ans:	FICA	UNDERL	TING CONDITION LA	of all	monay ateled	osis "	
Physicians:	ERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	TIONS CON- NOT RELATED Peup	heral voscular	collapse.	
	IL C		OF OPERATION 1	98, MAJOR FINDINGS OF OPER	Quel obstruc	tu.	20. AUTOPSY?
nportant.	EDICA		ENT, SUICIDE, (Specify)	218. PLACE OF INJURY (c. g., about home, farm, factory, street, office bldg.,		in Baltimore City, give	
a B	ME		(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY	OCCUR?	
		OF INJURY		m. WHILE AT NOT WHILE			Marin .
especia		22. I hereb	y certify that I att	ended the deceased from 3		/2 5-, 19 5,0ti	
is esp		deceased a	live on 3/25	, 19_30, and that death occu			
		23A. SIGNA	Jun 15.	stallen . M. D.	Bun Jeens	Horp ?	3 /25/5Q
2 8	24 TIC	A. BURIAK	Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
correct a		Burks	1 3-10	-56 Mr. al	125. PHILEDAL DIRECTOR	Dellimas	DRESS
COL		ATE RECEIVE	RAR	Sum 11/11.	25. HERAL DIRECTOR	la Inetas	restrutt St
	-	VS 150	19501 military	or Musaus, Ala		/	1
	1	4444		360	06		1276



REGISTRAR & SIGNATURE

VS 150

25-FUNERAL DIRECTOR

ADDRESS

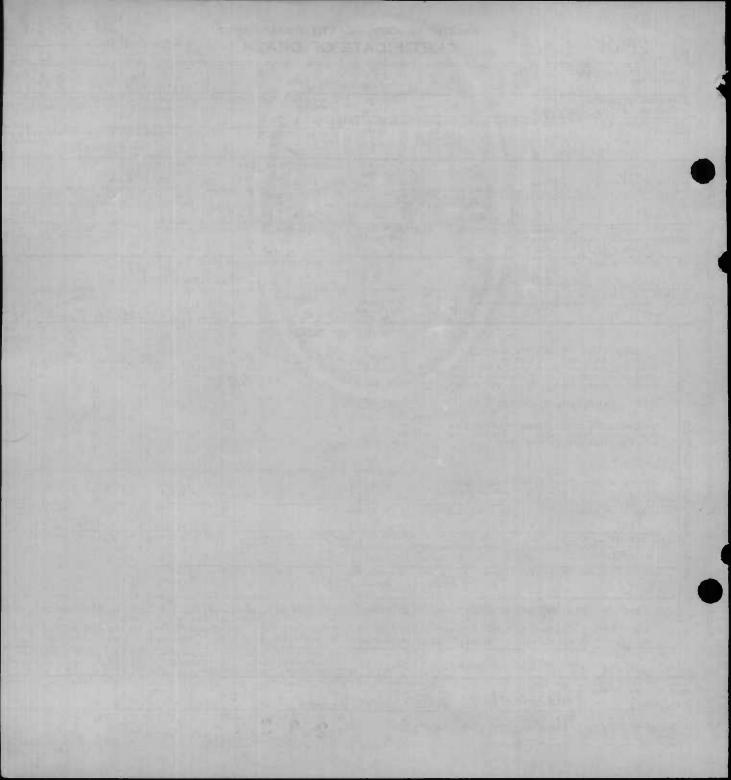
before admission)

WHAT COUNTRY

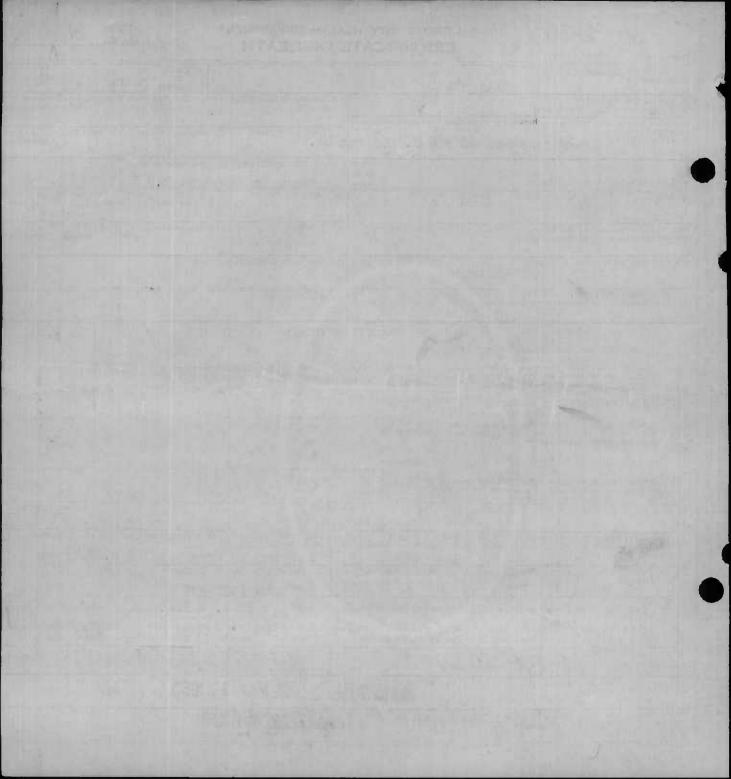
ONSET AND DEATH

20. AUTOPSY?

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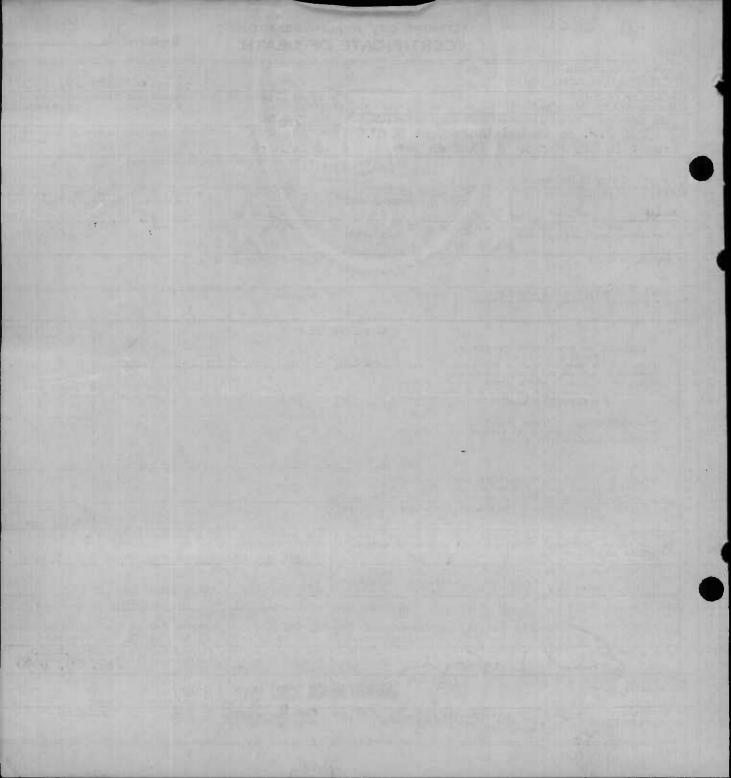


2820 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. A Process 1. NAME OF DECEASED 2. DATE (Type or Print) March 14, Unidentified DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Found in sewer at 328 W. Hoffman St. HOSPITAL OR (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) Mos. Found in sewer at 328 Hoffman St.-W c. Length of stay in Baltimore 9. AGE (In years If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Female 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hinknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) Unknown INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Every heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES (B) ..... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lif 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ā Found in sewer at 328 W. Hoffman Sewer 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE March 14, 1950 ?m. Found in sewer WORK 22. I certify that I took charge of the remains described above, held an . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, PLEASE WRITE and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER ..... X 23c. DATE SIGNED 23A. SIGNATURE March 15, 1950 ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OF GREMATORY AR 1 51950 (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) REGISTRAN'S SHOWATURE ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 151



of

PLA



OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE

22. I hereby certify that I attended the deceased from\_ 23A. SIGNATURE

2-20-

. 1950 to 3-5- , 19 50 that I last saw the deceased alive on 3-5-, 1950, and that death occurred at 7:00Am., from the causes and on the date stated above. 23C. DATE SIGNED

24A. BURIAL, CREMA-

B.C.H.-4940 Eastern Ave.

3-15-50 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR AEAD ?

write

please

Physicians:

12

correct

REGISTRAR'S SIGNATURE Hutuston Williams, Mil 25. FUNERAL

ADDRESS

VS 150

before admission)

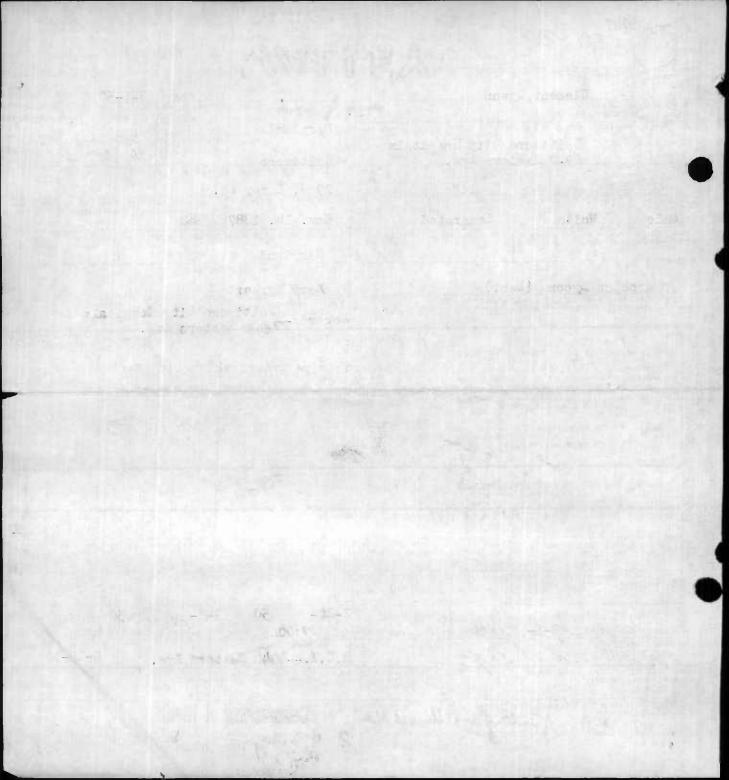
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

township



Physicians: please write the causes of death clearly and by

correct age is

# GAUDZICKÍ

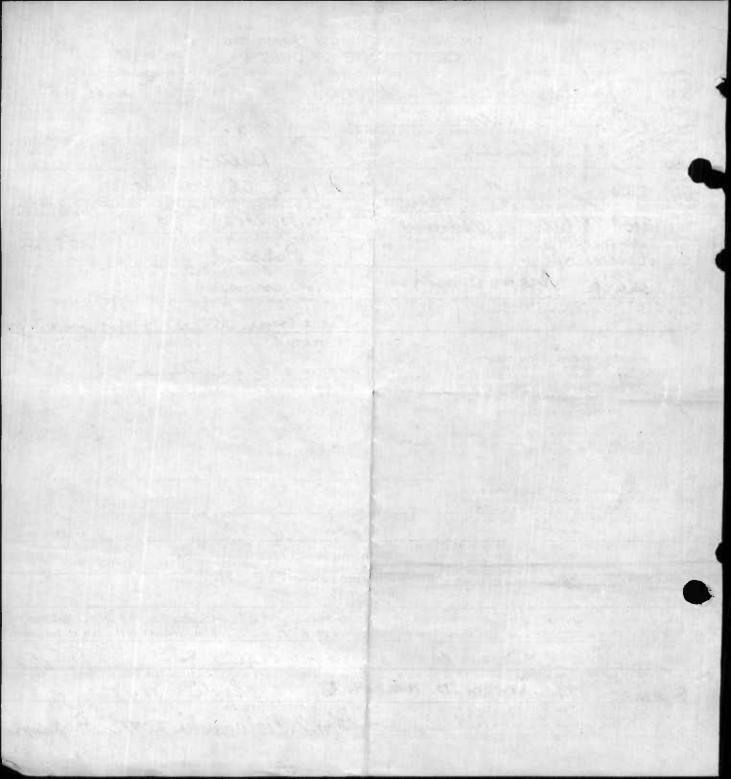
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2823

Registered No.

94a

DIR	III NO.						
	NAME OF D	ouplin A	Barbara	Dajdin	exi	2. DATE OF DEATH	earsh 25-198
А. І		City, Maryland	Balto	city	A. STATE	ENCE (Where deceased live	d. If institution: residence before admission)
HOS	ULL NAME SPITAL OR STITUTION	216 8. C		ion, give dreet address location		) A-A-	imits, write RURAL and give township)
1	)			37.		alto 1	- 01
c. I	Length of s	tay in Baltimore	11	Yrs. <del>Mes</del> Day	916 8	Chester &	
3. S	male	6. COLOR OR RACE	WIDOW	E, MARRIED. /ED, DIVORCED (Special	Mor. 19. 1	9. AGE (In year last birthday)	, if Under 1 Year Months Days Hours Min.
1OA work d	OL	CUPATION (Give kind of working life, even if retired	10B, KIND	OF BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S			0. :	14. MOTHER'S MA	IDEN NAME	
	Ludu	rik Rge	pozy	nor	Maryan	ma	
15. (Yes,	mo or nnknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.			ADDRESS
					Pearl Coops	er 35 Crest St	Westwood N. Sc
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETY EEN
	,	SE OR CONDITION	DIRECTLY			11	ONSET AND BEATH
	(This doe	LEADING TO DEA	ATH		orman o	hronton	
	heart faile	are, asthenia, etc. It me	ans the diseas	e,			
	injury or	complication which	caused death	.) DUE TO			
		ANTECEDENT CAU	SES	The North Poly			
NO	(8)						
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
A	UNDERL	YING CONDITION	AST.				
FIG							
		11		(C)			
ERT	TRIBUTIN	GIGNIFICANT CONE	NOT RELATE	h.D			
U		DISEASE OR CONDITIO			EDATION		1.00 11/200010
그	ISA. DATE	OF OPERATION O	198. MAJOR	FINDINGS OF OPI	ERATION		20. AUTOPSY?
0 -	214 ACCID	ENT SUICIDE	1 21B BL /	CE OF INITIBY (	in cel 210 WHERE D	ID (If in Poltimore Ci	YES NO
ш	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE						
	m.   WORK   AT WORK						
	22. I hereby certify that I attended the deceased from march 13, 1950, to march 25, 193 Othat I last saw the						
-	deceased alive on worst will 50, and that death occurr					from the causes and o	n the date stated above.
	23A, SIGNA	TURE		11.	23B. ADDRESS	T - G	3 20 FO
	an	was 20	mens	M. D.	-37762	chis " "	1 1 1 0
	N. REMOVAL	Specify		St. Nicho	TERY OR CREMATORY	Lodi N	State)
	TE RECEIVE		S SIGNATU	JRE	25. FUNERAL DIR	ECTOR	ADDRESS
LO	IAR 271	350 Timber	for Mill	iana, His	9/m. S. Fia	Chowski 200	7 Eastern ave
	VS 150			v + v 3 · · ·			9140

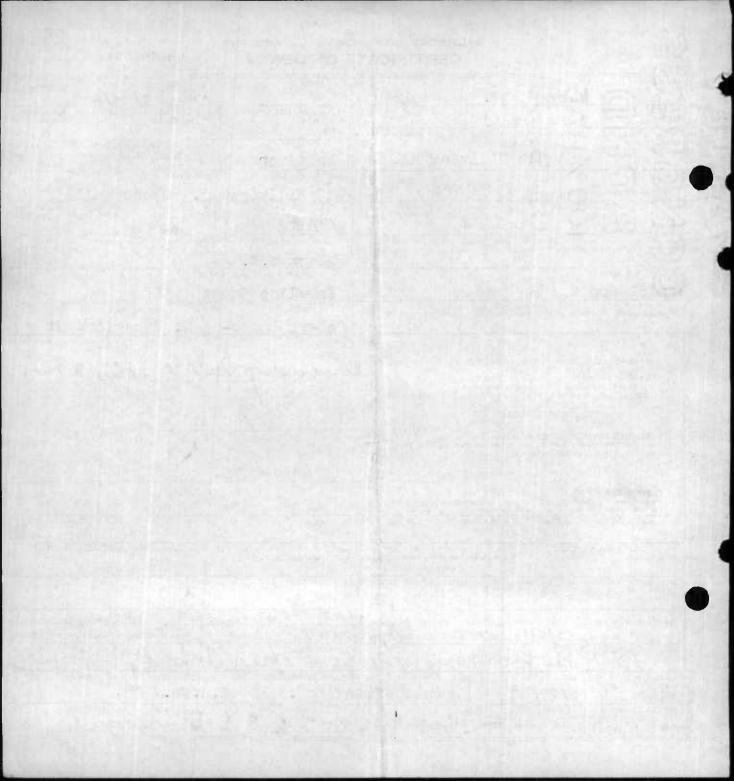


PLEASE WETTER FLAINITY, THE UNIVERSITY. EVERY item of information from the conformation of the conformatio

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2824

1	BIRTH NO.							
	NAME OF E	DECEASED		2. DATE				
	ype or Print)	Mary	T.	Walker	OF CONTRACTOR			
3.	PLACE OF D			Walker	DEATH 3/24/50  4. USUAL RESIDENCE (Where deceased lived, If institution; residence			
Α.	Baltimore	City. Maryland Ba			A. STATE B. COUNTY before admission)			
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)				
	STITUTION	610	**** 7 7 ~		C. CITY OR TOWN (If outside corporate limits, write RUKAL and give township)			
T	20	015	HITTA	iew Rd.	Baltimore 25-02A			
				Yrs.	D. STREET ADDRESS (If rural, give location)			
c.	Length of	stay in Baltimore	20	Yrs Mos.	612 Hillview Rd., Cherry Hill			
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours			
	F	C	WIDOW	ED, DIVORCED (Specify)	4/7/1904 Last birthday) Months Days Hours Min.			
10		CCUPATION (Givekind of	108 KINE	OF BUSINESS OF	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
		of working life, even if retired)		INDUSTRY	WHAT COUNTRY?			
					Weldon, N.C.			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
1	Randol	Bonds			Angeline Sweat			
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT ADDRESS			
(Xe	s, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.				
					Robert Bonds- 4 W. Heneritta St			
	18. 00	52 X		CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
	DISEA	SE OR CONDITION		PO	7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			
	(This doe	LEADING TO DEA		(A) JUL	monary Tuberculosis 8 mos.			
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING T					
	UNDERL	YING CONDITION L	AST.					
ERTIFICA				(C)				
E	0=11=0	11						
FI		SIGNIFICANT COND IG TO THE DEATH, BUT						
Ü		DISEASE OR CONDITION						
J	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER				
CAL					YES NO L			
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)	about home.	ACE OF INJURY (e.g., i farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) otc.)   INJURY OCCUR?			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK L AT WORK				
		by certify that I at	tended the	deceased from 3	127, 190, to 3/23, 1950 that I last saw the			
the course and the co					rred at / a m., from the causes and on the date stated above.			
	23A. 51614	TAURED OIND		- 2	238. ADDRESS 2 23c. PATE SIGNED			
	//	) KAUV	ans	M. D.	403 med outs og 3/2450			
		CREMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
	ON, REMOVAL (	3/27/5	0	Mount Calva	ry Ct . A.A.Co., Md.			
	urial				25. FUNERAL DIRECTOR ADDRESS			
L	CAL REGIS	TOAD	THE PERSON NAMED IN COLUMN 1	I I "	2400 8 215 m =			
1	MR 271	350	ia/er/1		V. L. Whow Brok - montgomers - 1			
	VS 150		6					
					1313			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 24/50 Walter A.Mullen 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1203 N. Washington St. A. STATE B. COUNTY before admission) 1203 N. Washington St. B. FULL NAME OF (If not in hospital or institution, give street address or location C. CITY OR TOWN H outside corporate limits, write RURAL and give INSTITUTION Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1203 N. Washington St.

DATE OF BIRTH

9. AGE (In years | H Under I Year | c. Length of stay in Baltimore Davs 5. SEX 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Oct.20,1877 1878 72-yrs 71 Male White Married 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Retired Sign Painter (Self) Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Mullen Margaret Dart M. Aydelott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Beatrice Mullen, 1203 N. Washington St. none 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY oroney leterivolowis LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deccased from 3/23 , 19 5, that I last saw the . 19 5, and that death occurred at\_ LoPm., from the causes and on the date stated above, deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY March 27/50 Balto. Cem. Balto. Md. REGISTRAR'S SIGNATURE UNERAL DIRECTOR DATE RECEIVED BY ADDRESS hunting on Whatelle Hill 2024 Orleans St.

VS 150

causes

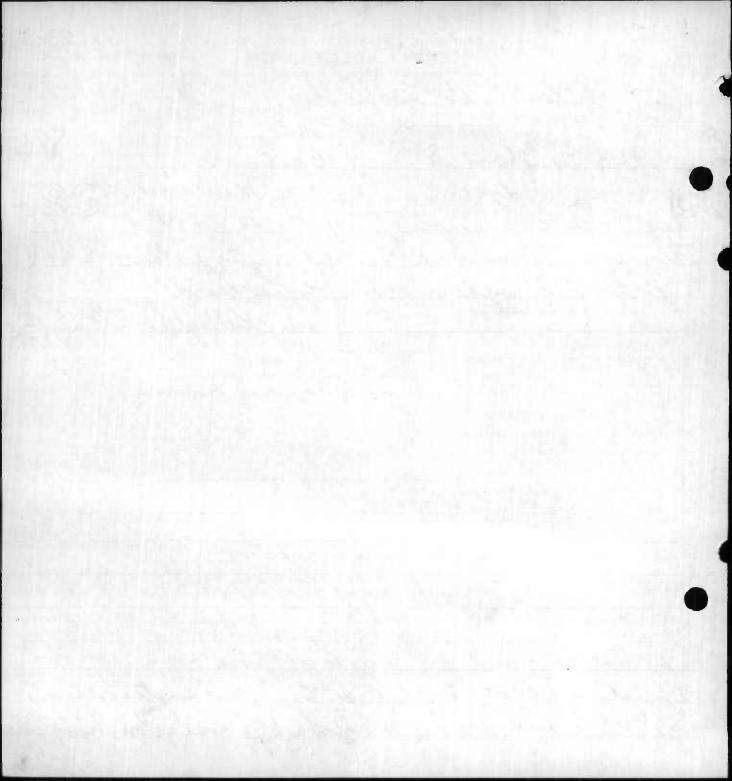
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1223 8 44 7110 3730 and the northwest and the THE RESERVED OF LEAVE . So committee the second

426		
50 No. 2826	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg	50 2826 istered No
1. NAME OF DECEASED Danie	l a Hallagher 2. DATE OF DEATH	3/26/50
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital of	USUAL RESIDENCE (Where decease B. CO or institution, give street address or	d lived. If institution; residence UNTY before admission)
HOSPITAL OR INSTITUTION W Mulbe	location) C. CITY OR TOWN (If outside corp	prate Umits, write RURAL and give township)
c. Length of stay in Baltimore	Yrs, Mos. Days 110 W. Mulber	A PL
Malo white	SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (4)	
10A. ASUAL OCCUPATION (Give kind of work denerouring most own) hig life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	SHOW (R) 14. MOTHER'S MIDEN NAME	wase work
15. AS DECEASED EVER IN U. S. ARMED F. (Yes no or unknown) (If yes, give war or dates f.)	PACES? 16. SOCIAL SECURITY NO. 17 INFORMANT SECURITY NO.	20 9 W. 10th St
18. 434.3	CAUSE OF DEATH	INTERVAL E MEL
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of	P 0 78 - 1	2da. 2da
heart failure, asthenia, etc. It means injury or complication which caus	the disease,	to raa
ANTECEDENT CAUSES	S (B)	
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	TATING THE DUE TO	
II II	(C)	
C OTHER SIGNIFICANT CONDITI	OT RELATED	
	AUSING IT.  MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO Lore City, give exact location)
210. TIME (Month) (Day) (Year) (HOF INJURY	Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	m.   WORK   AT WORK	40 (7) 11 17 1
22. I hereby certify that I attended	nded the deceased from 3/20, 1957, to 3/26 1950, and that death occurred at 3:11 pm., from the causes	, 19 <b>50</b> , that I last saw th and on the date stated above
23A, SIGNATURE	123B. ADDRESS Caul 8r -	23c. DATE SIGNED 3/27/50.
24A. BURIAL, CREMA- 24B DATE TION REMOVAL (Specify)		City, town, or county) (State)
Bural 3/29/3	50 Cathedral Tem Wilming	ton Delaware
MAR 27 1850	Williams of John & Cowan d	Son Ballins



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE LINLYE KIEF (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or 4515 Garrison Blvd. Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSTITUTION NURSING D. STREET ADDRESS (If rural, give location) Mos. 2734 Presbury St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (In years) WIDOWED, DIVORCED (Specify) Feb. 21, female single about 74 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY never worked Md. 13, FATHER'S NAME item of information of death 14. MOTHER'S MAIDEN NAME Martha E. Dutee John V. Rief 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs. Evelyn B. Spindler Box 2, Balto.23 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Cerebro-varcular accident LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Hypertemine arteriorelevation ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION especially important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

deceased alive on march 1950, and that death occurred at 8 \$

3/28/50

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

Loudon Park Cem.

(If outside corporate limits, write KURAL and give last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS NTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 22. I hereby certify that I oftended the deceased from march 12, 1950 to march 2,51950 that I last saw the m., from the causes and on the date stated above. A 23c. DATE SIGNED 24D. LOCATION (Aty, town, or county) Balto. Md. ADDRESS Balto., Md. WIL. R. PICKNER & SONS

VS 150

MAP?

Burial

23A. SIGNATURE

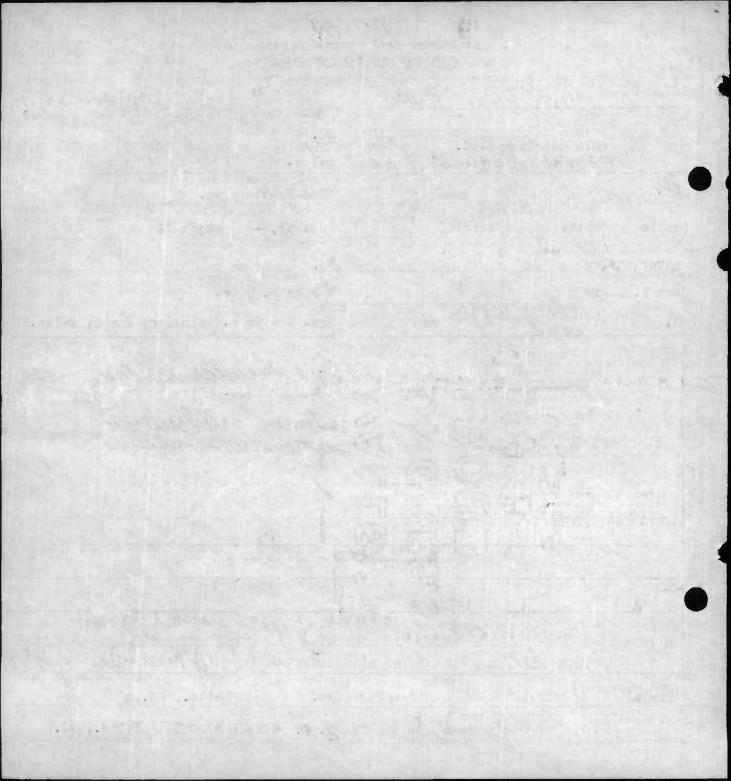
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

1951

Lvery



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ElizaM.Price (Type or Print) DEATH/ 91.26,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY Md. B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 717 Lennox St. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) AGE (In years | Months: 1 Year | K Under 24 Hours last birthday) | Months: Days | Hours | Min. should be WIDOWED, DIVORCED (Specify) emale widowed Apr. 15. 1880 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME informat Caleb S. Taylor Eleanor Moore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. Miss Eleanor M. Brady 1419 Bolton St. Of INTERVAL BETWEEN ONSET AND DEATH Carpon Monoxide Poisoning DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES (E)) ... TIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21A. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. Home - Bathroom 1419 Bolton Street PLAINLY 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY March 26, 1950 Gas heater on but unlit INSpection 22. I certify that I took charge of the remains described above, held an ... thereon and from Autopsy, Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Towson, Md. Prospect Hill Cem.

DATE RECEIVED BY

LOCAL REGISTRAR

VS 151

REGISTRAR'S SIGNATURE

1634

ADDRESS

Balto., Md.

before admission)

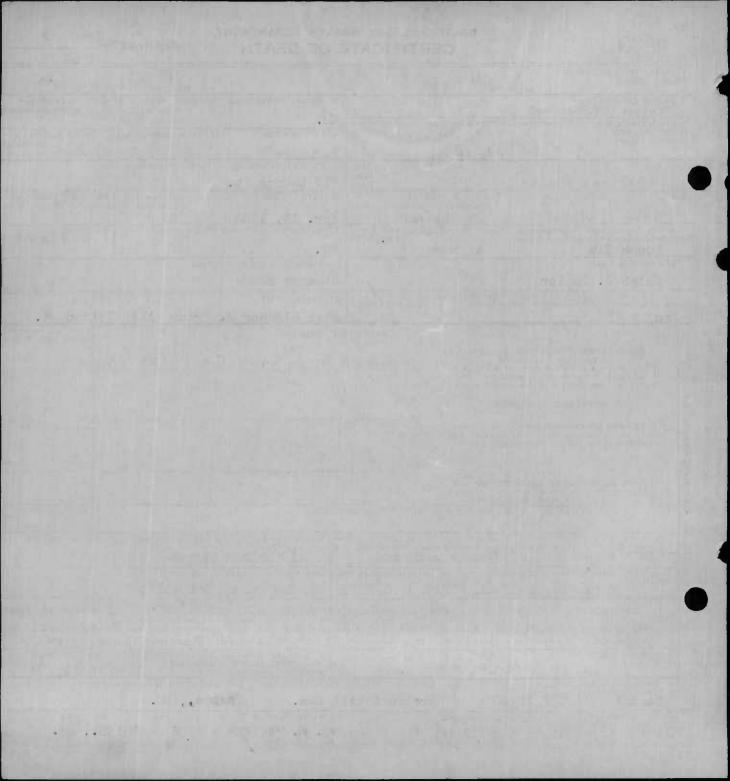
township)

If Under 24 Hours

20. AUTOPSY?

25. FUNERAL DIRECTOR

TICKNER & SONS



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2829

E	BIRTH NO.			CERT	IFICATI	E OF DEAT	Н	registered	1119-1-	6050
1 (	I. NAME OF D Type or Print)	and the state of the second	PATTERS	SON				2. DATE OF DEATH Mar	ch 14	. 1950
1		City, Maryland				4. USUAL RESIDE	ENCE (W	here deceased lived.  B. COUNTY	If institut	tion : residence before admission
III h	S. FULL NAME HOSPITAL OR NSTITUTION				eet address or location)	Mary Land	(If	outside corporate lin	nits, write	RURAL and give township
		University	nospita	91	Yrs.	Baltimore D. STREET ADDRE	ss (lf:	rural, give location)	0 6	
	Length of s	tay in Baltimore			Mos. Days			nt Avenue		
100	female	6.COLOR OR RACE	7. SINGL	E, MARRIE WED, DIVOR	D. CED (Specify)	8. DATE OF BIRTH	1	9. AGE (In years last birthday)	if Under 1 Y Months D	asr Hours Min
1 wo	OA. USUAL OC	CUPATION (GivekInd of of working life, even if retired)	108. KINI	D OF BUSI	NESS OR INDUSTRY	Unknown 11. BIRTHPLACE (S	State or fo	reign country)	12. CI	ITIZEN OF
1	3. FATHER'S	Unkno	lyn			Unknown 14. MOTHER'S MA	IDEN NA	NAF.	1	
		77 (17) by				14. MOTHER 5 MA	IDEN NA	AME		
1	5. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCI	AL	Unknown 17. INFORMANT			ADDRES	
(X	es, no or unknown)	(If yes, give war or date	es of service)	SECL	JRITY NO.	Unknown			ADDRES	15
-	The second second	the same of the sa	02X		CAUSE	OF DEATH				TERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ONSET AN DISSEMINATED TUBERCULOSIS  (A) Disseminated tuberculosis  (A) Disseminated tuberculosis									
RTIFICATION	DISEASE: RISE TO T UNDERLY	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	NG	ro					
ERTIF		II BIGNIFICANT CONDI B TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	<b>LD</b>						
U					OF OPER	ATION			2	O. AUTOPSY?
MEDICAL	21A. EXTERN	NAL CAUSE WAS	218. PL		JURY (e. g., ir			in Baltimore City,		ect location)
	CAUSE OF E	DEATH.								
2	OF INJURY	(Month) (Day) (Year)	, , , ,	WHILE AT WORK	NOT WHILE	21F. HOW DID	INJURY	OCCUR?		
1	the evi and de 23A. SIGN A. BURIAL. CON, REMOVAL (S	CREMA- 24B, DATE pecify,	said Autorisulted	remains opsy, Insp from: nata	described a cetion or I ural causes M.	nquiry, find that  □ accident	Autopsy, I said de suicide DICAL E DICAL E	nspection or Inquiry ceased died on the ceased died	the day undeter 23c. DAT larch	stated above mined E SIGNED 14, 1950
La La	ATE RECEIVED	RAR Line 10	s signatu	184 61	ALM O	2 SOTHISS	CTOR	f Health	ADDR	ESS

TO THE R. P. LEWIS CO., LANSING.

VS 151

PLEASE WRITE PLAINLY, AITH UNITADING INK. Every item of informatic, should be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and leavily.

13B V

ED 4-17- TO MINE

Every item of informati hould be carefully supplied write the causes of death clearly and legilly.

Constant INK. Physicians: please

especially important.

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correct age i

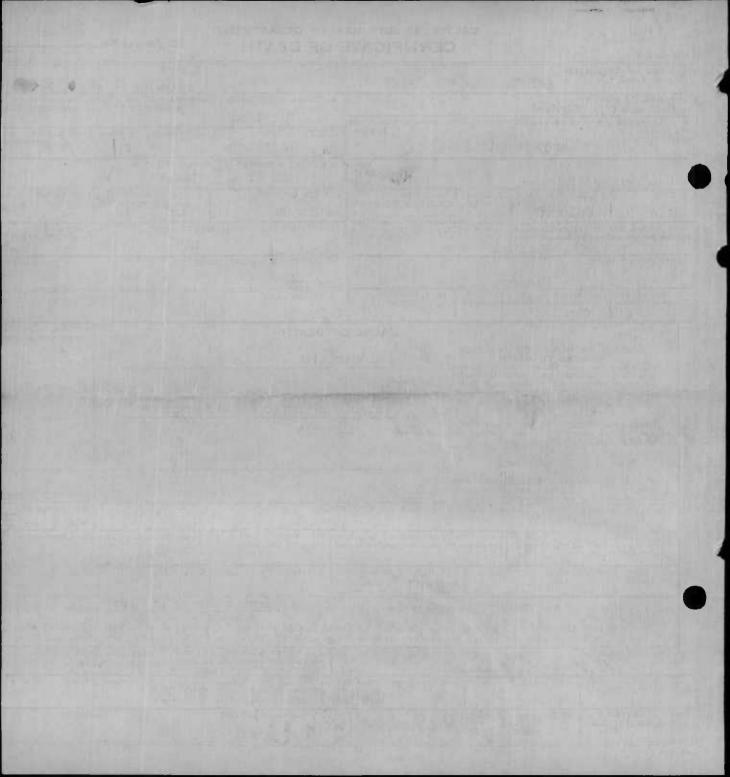
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 2830

,		ATI	E OF DEATH	Registered No	)		
1.	NAME OF DECEASED  ype or Print)  A DITUIT TO LEG			2. DATE	2/ 2000		
3	PLACE OF DEATH:		4. USUAL RESIDENCE (W	OF March There deceased lived. If in	stitution : residence		
8. H		ress or ation)	A. STATE Maryland c. CITY OR TOWN (If	outside corporate limits,			
3	Mercy Hospital		Baltimore	12-	04 townshi		
c	You at he distance to D. 11'	Yrs. Mos. Days	b. STREET ADDRESS (If I				
1	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (STUDIES OF THE PROPERTY OF THE PROP	Specify)	8. DATE OF BIRTH Unknown	9. AGE (In years live last birthday) Mont	ths Days Hours Min		
10 WOF	DA. USUAL OCCUPATION (Givekind of kdone during most of working life, even if retired)  INDU		11. BIRTHPLACE (State or fo	reign country)   1	2. CITIZEN OF WHAT COUNTR		
13	FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NA	AME			
	Unknown		Unknown				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY I  Unknown	NO.	17. INFORMANT Unknown	ADI	DRESS		
	18. 477.) . CAU	JSE	OF DEATH		INTERVAL BETWEE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	lnut	trition				
	Arteriosclerotic cardiovascular						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	C	lisease				
FIC	11 (3)						
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL C	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPER	ATION		YES NO		
EDICA	21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ about home, farm, factory, etreet, office CAUSE OF DEATH.		n or 21c. WHERE DID (Internal Line (	f in Baltimore City, giv	re exact location)		
Σ		WHILE	ED 21F. HOW DID INJURY	OCCUR?			
4	22. I certify that I took charge of the remains describ	bed a	bove, held an Inspecti	on & Inquiry	thereon and fro		
	the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural c	or l	nquiry, find that said de	nspection or Inquiry ceased dicd on the, homicide, und	day stated abov determined □.		
	23A. SIGNATURE	М	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	EXAMINER	17/50		
	AA. BURIAL, CREMA- 246, DATE 24C, NAME OF CE	METE	SITY MEDICAL SCHOOL MAR	2 0 1950	r county) (State		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY	a	25. FUNERAL DIRECTOR	of Health	ADDRESS		

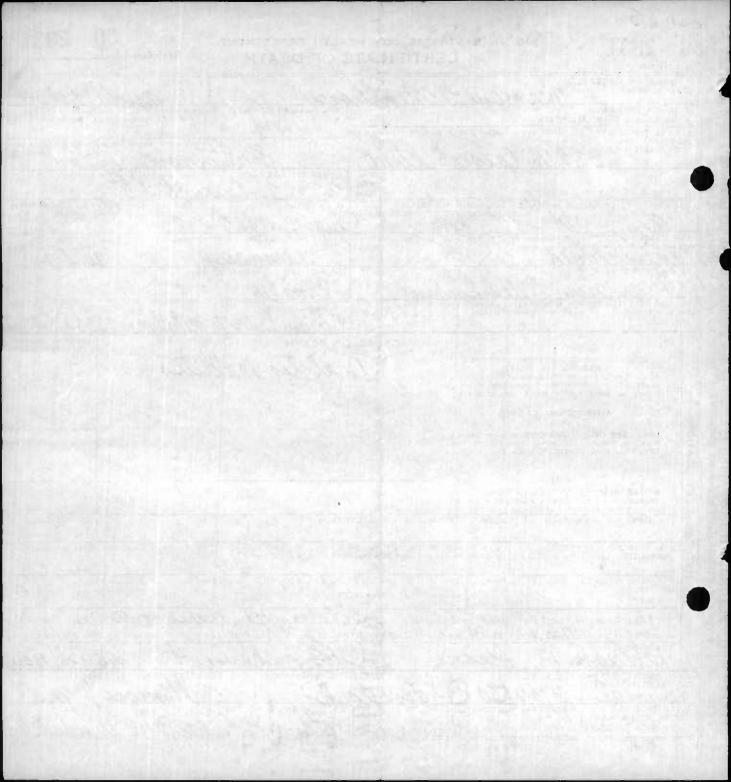
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Jocation) C. CITY OR TOWN If putside corporate limits, write RURAL and give INSTITUTION LE O Hownship) Yrs. D. STREET ADDRESS (If rural, give locations Marie c. Length of stay in Baltimore Day 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. MRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even i retired) INDUSTRY WHAT COUNTRY? Conkloud 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. CAUSE OF INTERVAL BETWEEN DEATH ONSET AND DEATH Disbetes mellitus DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from October, 1949 to March 24, 1950, that I last saw the deceased alive on Man 22, 1950, and that death occurred at 6.00 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-248. DATE DATE RECEIVED BY 25. FUMERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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2833 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 50- 05753 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Straight OF March 22,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If cutside corporate limits, write HURAL and give INSTITUTION Baltimore mid township! Sinai Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 543 Edgewater Apts. # 20 11 hrs. c. Length of stay in Baltimore 9. AGE (In years Months Days Hours Min. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Female White Mar. 22, 1950 Single 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Swinburn Forster Straight Madeline Frances Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Madeline Frances Straight 543 Edgewater (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dre mater, by , Swere LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from 3-22 22. I hereby certify that I attended the deceased from 3-22, 1950, to 3-22, 1950, to 3-22, 1950, that I last saw the deceased alive on 3-22, 1950, and that death occurred at 11 2 m., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED M.O. Sina 1 Nosy. tal Baltimore 3-24

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) B. Jandan Baltimore 3-24-50 244 BURIAL, CREMA-

DATE RECAIVE BELLEVILLE VSVIDO

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2833 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-06049 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Jones OF Mar. 22, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 29 Hours. 818 Brunswick Rd. # 21 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | N Under I Year | N Under 24 Hours last birthday) | Months: Days | Hours; Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) Temale White Mar. 20, 1950 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF wark done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donald Beamer Jones Rose Marie Bodner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Rose Marie Jones 218 Brunswick Rd. # 21 INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., atelestanis, Congenital heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Premaker ty ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from 3-20, 1950, to 3-22, 1959, that I last saw the deceased alive on 3-22, 1950, and that death occurred at 2'54 m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED HOSD. Yal 24C. NAME OF CEMETERY OF CREMATOR 1.240 24 BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTER

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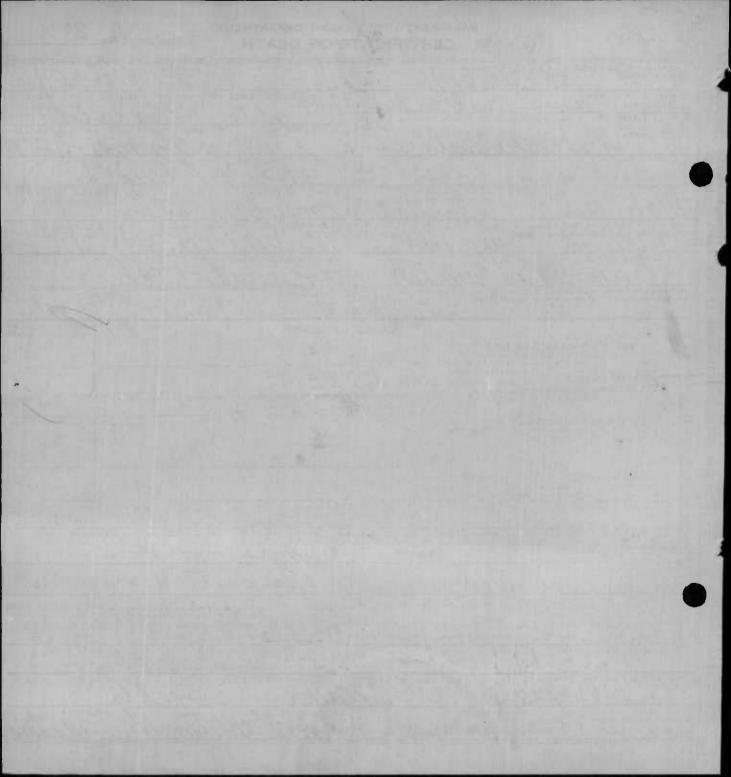
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BALTIMORE CITY HEALTH DEPARTMENT ICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) ('f' not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 9. AGE (in years | fi Under | Year | Hours | Min. 7. SINGLE MARRIED 8. DATE OF SIRTH 6. COLOROR RACE WIDOWED, DIVORCED (Specify) navue 10 d. USUAL OCCUPATION (Give kind of work done during most of working life given if retired) 1. BIRTHPLAGE (State or foreign country) clearly IOB. KIND OF BUSINESS OR 12. CITIZEN OF NDUSTRY WHAT COUNTRY 13. FATHER S MAME SA 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or naknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. ne causes 18 CAUSE OF DEATH 16. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Nephroclerosis injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fracture of right hip DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARYX OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Street Cottage & Keyworth Avenues 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Passenger in auto and auto collision December 27, 1949 8:15Pm. AT WORK X 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident A, suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA 24C NAME OF CEMETERY OR CREMATORY 24B. DATE 24b LOCATION (City, town, or county) TION. REMOVAL (Specify, DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1951 VS 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) MATTHAI DEATH MAR. 26. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Juren B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIVERSITY HOSPITAI BACTIMORF D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore UNIVERSITY PARKWAY-M Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEDO WIDOWED, DIVORCED Pecify) 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 10A. USUAL OCCUPATION Give kind of work done duping most of working life, we of fretired NO. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT CQUNTRY MANAGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TONES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or ookoown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, MYOCARDIAL injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 31 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CARCINOMA PROSTATE 10,185 OF. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! , 150, to MHR 26, 1950, that I last saw the 22. I hereby certify that I attended the deceased from MAR 8, deceased alive onMAR 26 . 1950, and that death occurred at 8:00 Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 02 UNIVERSITY HOSPITAL Ednund MAR 26. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or equity) 248. DATE DATE RECEIVED BY 25. PUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of informat hould be carefully supplied correct age is especial inportant. Physicians: please write the causes of death clearly and legit.

## BALTIMORE CITY HEALTH DEPARTMENT

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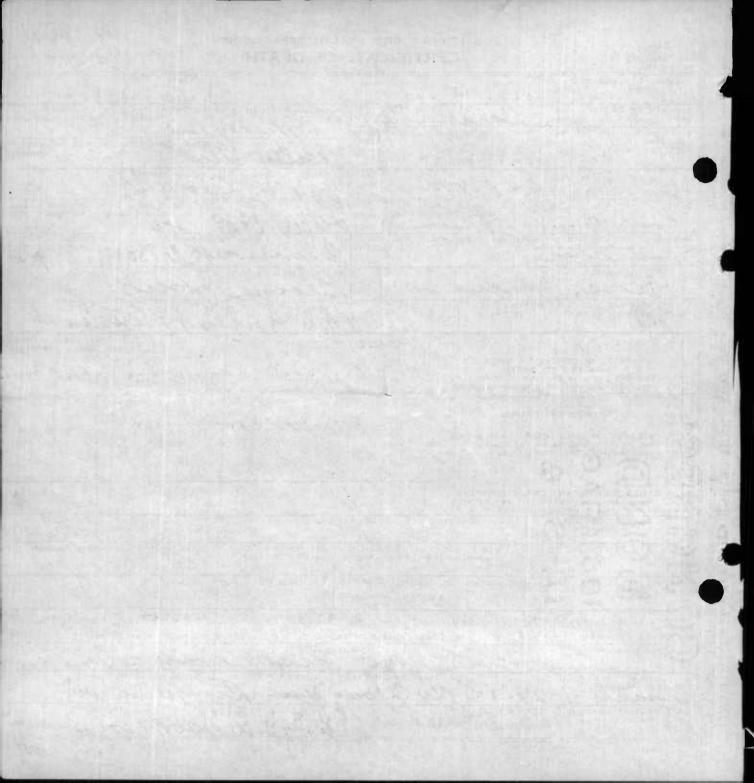
D	2835		CERTIFICATI	E OF DEATH Registered No.	
	NAME OF DECEASED			2. DATE	
(T	ype or Print) Vina		Jones	OF DEATH 3/24/1950	
3. A.	PLACE OF DEATH: Baltimore City, Maryland	Balto.	City	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission	n)
B. He	FULL NAME OF (If not in ho	spital or institut	tion, give street address or location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive
II	I20I Ett	ing Stre	et.	Baltimore City /7-07 towashi	
			Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimor	e 20 3	Mos. Days	I20I Etting Street	
	SEX 6. COLOR OR RA	CE 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Ho last birthday) Months; Days Hours: Mi	
F	emale Col.		ried	Oct. 24.1882 67	
1C	A. USUAL OCCUPATION (Giveki	nd of IOB. KINE	OF BUSINESS OR	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTR	· · ·
	de de life, even if ret	ired/	INDUSTRI	Notaway Co. Va II.S. A	
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Daniel	Hicks		Harrett Bell	
(No	(If yes, give war or	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	No			Isabelle Nottage 201 Beal Court	
	18. 422.1		CAUSE	OF DEATH INTERVAL BETWEE	
	DISEASE OR CONDITIO	N DIRECTLY	()	1. // 0 0	
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	heart failure, asthonia, etc. It injury or complication which	mcans the diseas th caused death	e, oue to		
	ANTECEDENT C	ALISES	^	A 1	
z		. 1	(B)	all scleros	
0	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE				
A	UNDERLYING CONDITION	LAST.	(C)		
FICATION			(0)		
RTIL	OTHER SIGNIFICANT CO	NOITIONS CO.	A.		
Ш	TRIBUTING TO THE DEATH, I	UT NOT RELAT	ED		
U	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION   20, AUTOPSY7	_
AL	TOX. DATE OF STEATHON	152,	THE INCO OF CITE	YES NO	
EDICA	21A. ACCIDENT WAS UNDE	R.   218. PL.	ACE OF INJURY (e. g., i	n or   21C. WHERE DID (If in Baltimore City, give exact location)	
MED	LYING OR CONTRIBUTING		farm, factory, street, office bldg.,	INJURY OCCUR?	
2	21D. TIME (Month) (Day) (YOF INJURY	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE		
	22. I hereby certify that I		-	2-15, 195,90 324, 195,Ohat I last saw	th
	deceased alive on 2 -		account from	red at \$30 m., from the causes and on the date stated abo	
	23A. SIGNATURS	40		38. ADDRESS 2 23c. DATE SIGNE	
	U. Blun	14 40	90 M. D.	5-2-17 ADAN 8013-50=3	>0
2	4A. BURIAL, CREMA- 24B. DAT	E //	24c. NAME OF CEMETE	RY OR CREMATORY 24D LOCATION (City, town, or county) (State	e)
TI	ON, REMOVAL (Specify) Burial 3/27	16650	M+ Oclara	Decol-3 / / 00 1/2	
	ATE RECEIVED BY   REGISTE	AR'S SIGNATI	Mt Calvery	Cem   Brooklyn A.A.Co.Md. 25. FUNERAL DIRECTOR ADDRESS	
14	PRAN REGISTO	Ja: 91 51	(10) 13		
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5	0	2837 BALTIMORE CITY HEALT CERTIFICATE O
he	==	RTH NO.
00	(T	ype or Print) Susice Jones
ippli	A.	Baltimore City, Maryland Balto. City A. S
ly su	H	FULL NAME OF (If not in hospital or institution, give street addless or C.
eful	3	Provident Husp.
car	c.	Length of stay in Baltimore / 8 yrs, Mos. Days
should be carefully supplied clearly and legit	5.	Female Colored Marked (Specify)
hou	10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. E
	1	INDUSTRY  INDUSTRY  INDUSTRY  INDUSTRY
rmat		George Jones
Every item of informat rrite the causes of death	15 (Yes	WAS DECEASED FER IN U.S. ARMED FORCES?  (If yee, give ber or dates of service)  17  17  17  17
m of		18. 3 3 1 X . CAUSE OF I
ite)		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Every write t		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
P		ANTECEDENT CAUSES
UNFADING INK. Physicians: please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO
ING	CA	UNDERLYING CONDITION LAST.
'ADJ	RTIF	(c)
UNE	CEF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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Y, TH	EDIC	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.)
np,	ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED
al Air		OF INJURY  m. WHILE AT NOT WHILE MAT WORK
TE PL		22. I hereby certify that I attended the deceased from $2-2$
S es		deceased alive on 2-24-5, 19 and that death occurred of 23A. SIGNATURE 23B. A
W.F.		PARBURTAL, CREMA-) 248. DATE   24C. NAME OF CEMETERY OF
ASE set a	TI	Secret 3-29.50 My Colvey
PLEASE WRITE PLA	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE
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LTH DEPARTMENT	Registered No.
OF DEATH	Registered No.
	2. DATE
	OF DEATH 3-24-5-0
	re deceased lived. If institution : residence
A. STATE Marcel	B. COUNTY before admission)
C. CITY OR TOWN /ME ON	tside corporate limits, write RURAL and give
Ballo, Oils	7-05 township)
D. STREET ADDRESS (If pur	I, give location
DATE OF BIRTH	AGE (In year   H Under   Year   Il Under 24 Hours
ret, 16 1909	last birthday) Months Days Hours Min.
11. BIRTHPLACE (State or fore)	12. CITIZEN OF WHAT COUNTRY?
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dele Ford 16	49 annes At
F DEATH	INTERVAL BETWEEN ONSET AND DEATH
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cential hyper	tension
TION	20. AUTOPSY?
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or 21c. WHERE DID (If i	n Baltimore City, give exact location)
2 1F. HOW DID INJURY C	OCCUR?
21-57010 4. 2	- 24-5,19_, that I last saw the
2 75 2 75 from the	-1 5,19 , that I last saw the
B. ADDRESS	causes and on the date stated above.
Anni dent	Hoggital March 2511 45
Y OR CREMATORY   240, LOC	ATION (City, town, or county) (State)
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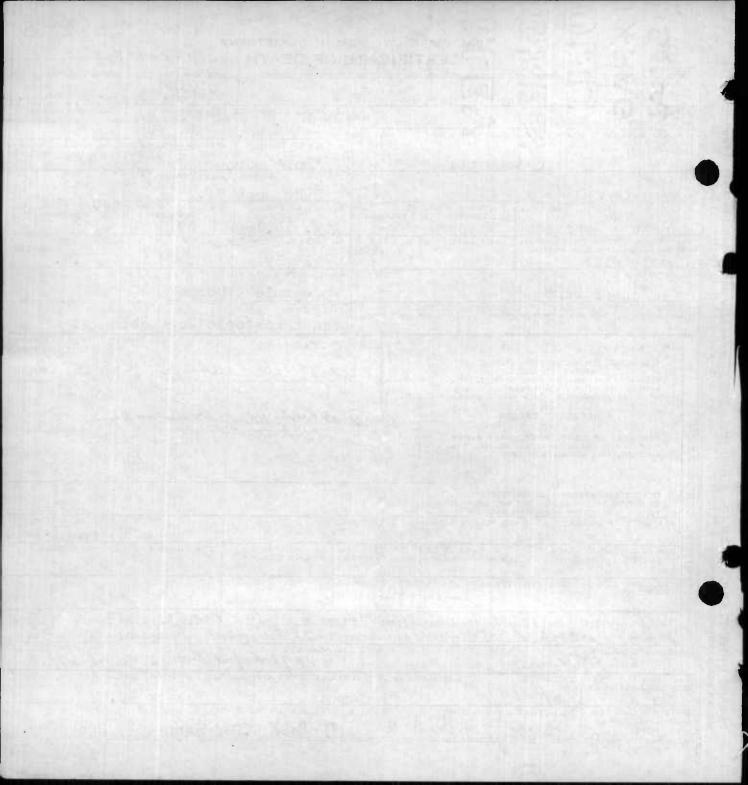
#### BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICATE OF DEATH

Registered	No	
Registered	No.	_

P.	BI	RTH NO.							
		NAME OF D	ECEASED		2. DATE				
0)	(1)	ype or Print)	M	arv Pi	storia		DEATH Marc	h 25.1950	
supplie		Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)	
	HC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give	
	IN	)	2530 R	obb St		Baltimore	4-6	5 7 township)	
carefully	)		5000 10	000 0	Yrs.	D. STREET ADDRESS (If )	rural, give location)		
	c.	Length of s	tay in Baltimore		Mos. Days	2530 Robb S			
go	5.	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	onths Days Hours Min.	
		emale	Who te	wide		Aug. 15,1882	6'7		
shou	work	done during most	of working life, even If retired)	IOB. KIND	OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?	
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rmat	13	. FATHER'S				14. MOTHER'S MAIDEN NA			
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of i						Joseph Postorio	5 2530 Rob	b St.	
		18. 44	/3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN	
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FA	F	OTHER S	II SIGNIFICANT COND	ITIONS CO	N -				
UNF	CE	TRIBUTIN	TO THE DEATH, BUT	NOT RELAT	ED				
Da	,	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF				RATION		20. AUTOPSY?	
nt.	A							YES NO	
y, TF	EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)	
N II	Σ	210. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?		
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re PL especia		deceased a	live on words 25	1950	and that death occur			the date stated above.	
Se		23A. SIGNA	TURE /	, 102,	2	23B. ADDRESS	0	230. PATE SIGNED	
WRITE e is esp		6	Jaless		M. D.	6217 Harford	Ma	3/27/50	
SE W	24	4A. BURIAL.	CREMA- 248. DATE		24c, NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)	
4.0	110	Burial	3/29/	50	Holy Rede	emer	Belair Rd	•	
PLEAS		ATE RECEIVE	D BY   REGISTRAR	SSIGNAT		25. FUNERAL DIRECTOR		ADDRESS	
P	8	AAD 0 7 44	TO Hand	untow?	Maure, Marin	Charence FOHof	fmann 1639	Broadway.	
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# JERNISER ALTIMORE CITY HEALTH DEPARTM

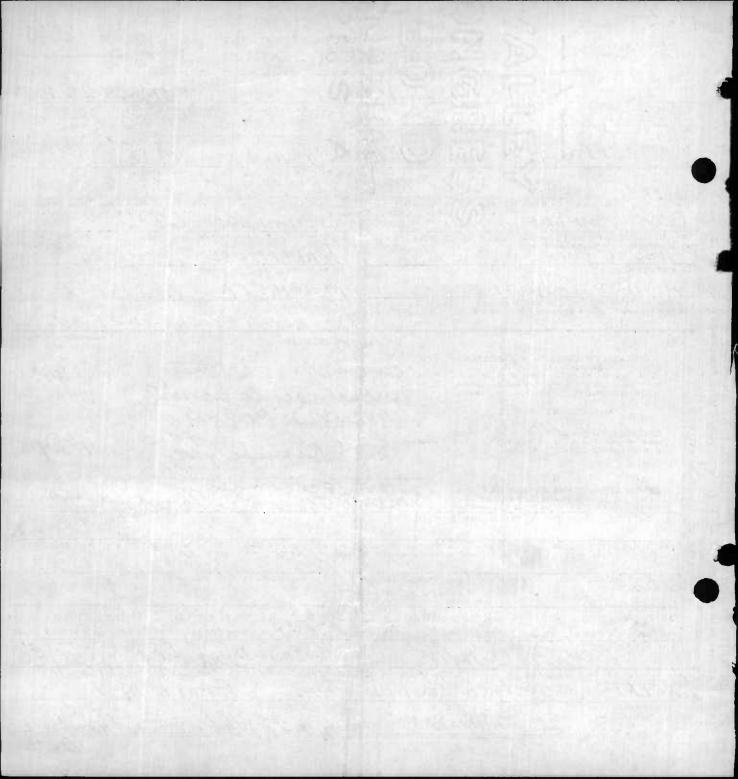
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 2839 Registered No.

BI	RTH NO.						
	NAME OF D	LK /	gar	bernice		2. DATE OF DEATH MA	v 12-50
A.		EATH: City, Maryland	1681	Ar Yayothes	A. STATE	CE (Where deceased lived. B. COUNTY	lf institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address of location		(If outside corporate him	mits write RURAL and give township)
H	0	681 W. Fayett	e Stree	t	Balton	inore 1	o with the
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	6 81 20	. /	8
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED,	8. DATE OF BIRTH	9. AGE (in years	Months Days Hours Min.
	male	white	3	ED, DIVORCED (Specify	_ <	63	5 5 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		-	14. MOTHER S. MAIL	EN NAME	
-				and the second	3		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (lf yes, give war nr date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18.4.2.2	. 1	W 1711/44	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		+ N	1 1 1x x	1 12 1
	(This does	LEADING TO DEA	TH of dving e g	w Cocu	le Curdia	c Welchare	on line wary
	heart failt	re, asthenia, etc. It mea	ns the disease	,			J
	injury or	complication which	aused death.	) DUE TO	, = 1	, 0	n
z	ANTECEDENT CAUSES Cardio - tascular interese						ne (
TIO	RISE TO T	S OR CONDITIONS, I	STATING TH				1
CA	UNDERL	YING CONDITION LA	AST.				
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CE		G TO THE DEATH, BUT			IOI 00 00 00 00 00 00 00 00 00 00 00 00 00		
				FINDINGS OF OPE	RATION		20. AUTOPSY?
A							YES NO V
EDICA	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., arm, factory, street, nffice bldg.			y, give exact location)
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	22. I hereb	y certify that I att	ended the	deceased from Z	, 1970,		50, that I last saw the
		live on Meer 17	=, 1900.		rred at	rom the causes and or	the date stated above.
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2 TI	4A. BURIAL. ON, REMOVAL (S	CREMA: 24B. DATE	1	24c. NAME OF CEMET	ERSITY MEDICAL SCHOOL	MAR 2 7 1950 "	wn, or county) (State)
TO	ATE RECEIME	PAY   REGISTRAR	SSIGNATU	RB(/)	25 FUNERAL DIREC	CTOR	ADDRESS
10	OCAL (REGIS)	PAR LI-	thugist	THE LABOUR DE LAND	20003093716	OT PERMIT	
			AND ADDRESS.				

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2840 BALTIMORE CITY HEALTH DEPARTMENT 2840 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ANNIE (OBERDALHOFF DEATH PARCH 25-1950 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2305 OT PA B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ON ST location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Wh CONVALESON HOIYE township) o. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 5 SFX 7. SINGLE, MARRIED H Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) WIDOW INNE 13-1881 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY LTITORE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the covernanca, Uting LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. me toutour's to howel injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) NOT WHILE! WHILE AT . 195 That I last saw the 419 c, 19 , to 3 22. I hereby certify that I attended the deceased from\_ deceased alive on 3/25 1950, and that death occurred and Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c, DATE SIGNED 2 AC NAME OF CEMETERY OR CREMATOR BURIAL, CREMA-248. DATE PLEASE HOUDON DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150



Letter in document file 50-2841 4/5/50.

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he	5		E OF DEATH	Registered No.	2842
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supplie	А.	PLACE OF DEATH: Baltimore City, Maryland W. J.		e deceased lived, If insti B. COUNTY	fution': fesidence before admission)
reefully :		OSPITAL OR STITUTION ONNS HOPKINS HOSPITAL	Bultima		ite RURAL and give township)
c le	-	Length of stay in Baltimore Yrs. Mos. Days	1027 2m	AGE (In years) If Under	1 Year   II Under 24 Hours
hould be	2	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		last birthday) Months	
3	Work	A done during most of working life, even it offered)  INDUSTRY  FATHER'S NAME		edlo. Va	WHAT COUNTRY?
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em of inf		(If yes, give war or dates of service)	17. INFORMANT OHNS HOPLINS	HOSPITAL	
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INK.	CATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
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orta	IEDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., ebont home, farm, factory, street, office bldg.		n Baltimore City, give	exact location)
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PLEASE WRITE PL		22. I hereby certify that I attended the deceased from deceased alive on 2-24, 1950, and that death occu	11100	24, 19 <b>50</b> , the d	
WRIT ge is		William W. Winternit M.D.	23B. ADDRESS	M	ar 25 1950
EASE rect ag	TI	ON REMOVAL (Specify)  March 28/50  MAL CALL	rang Cem a.	ATION (City, town, or e	Ly M.
PLI		ATÉ RECEIVED BY COAL REGISTRAR'S SIGNATURE  AR 2 7 1950	25 AUNERAL DIRECTOR	a. Ellisa	1 Daught
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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2, DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days It Under 1 Year 6. COLOR OR RACE 9. AGE (17) years | H Under | Year | H Under 24 Hours | last birthday | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 0-09 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of forking life even if retired) INDUSTRY WHAT COUNTRY? amiles EVER AGE 13. PATHER'S NAME ER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOP INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARCINOMA, BRONCHOGENIC 2 YEARS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO LEFT LUNG, WITH injury or complication which caused death.) ANTECEDENT CAUSES METASTASES TO RIGHT ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING CEREBRAL HEMISMHERE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL JULY 26, CEREBRAL 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (erg., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3-25 1950 to 3-25, 1950 that I last saw the 1950, and that death occurred at 845 Pm., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TIQN, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 248 DATE

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LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

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25. FUNERAL DIRECTOR

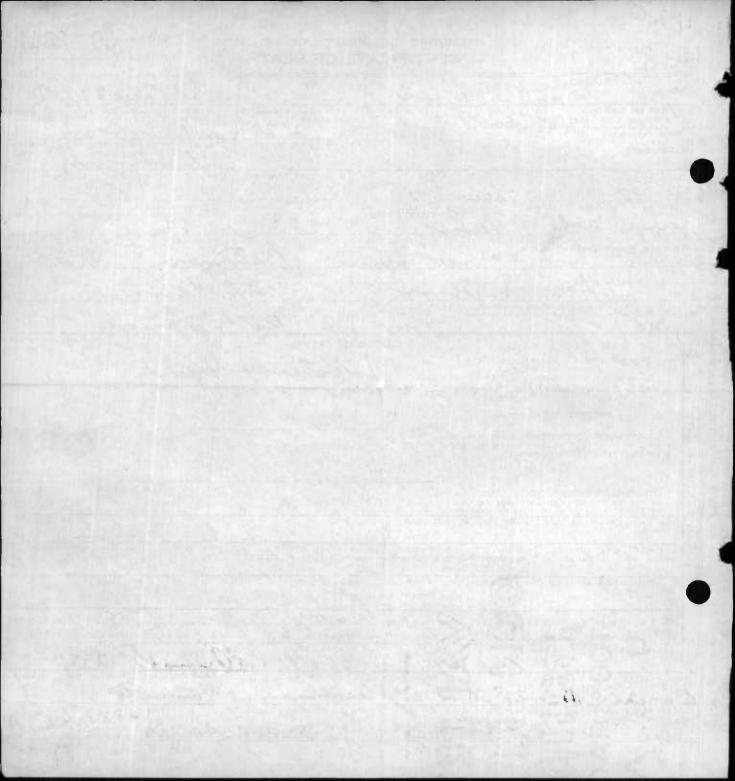
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE I. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence S. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Unday 24 Hours DOWED, DIVORCED (Specify) wow 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY 13. FATHER'S N 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMA ADDRESS (Yes, no or unknown) (If yes, give war or/dotes of service) SECURITY NO. no INTERVAL BETWEEN 18. CAUSE OF DEATH 60 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING UNDERLYING CONDITION LAST. (C)  $\Pi$ OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Men 21, 1950, to Man 23, 1956 that I last saw the deceased alive on Wes \$1950, and that death occurred at \$6. m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 43 ADDRESS DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HARRY HALL DEATH March 23, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write-RURAL and give INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore 1025 Jenkins Alley Days 5. SEX 6. COLOR OR RACE 7. SINGLE. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. male colored 10A. USUAL OCCUPATION (Give kind of work in the distribution most of working the even if retired) 10a.KIN BOSINESS OR 11. BIRTHPLACE (State or foreign country) NOUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Jo (Yes, no og unknown) SECURITY NO item of in CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write Carcinoma of injury or complication which caused death.) ANTECEDENT CAUSES (8) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. FLACE OF INJURY (e.g., in or ! 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and deat In my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATORE 238. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 246 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Special DATE RECEIVED BY

VS 151

before admission)

12. CITIZEN OF

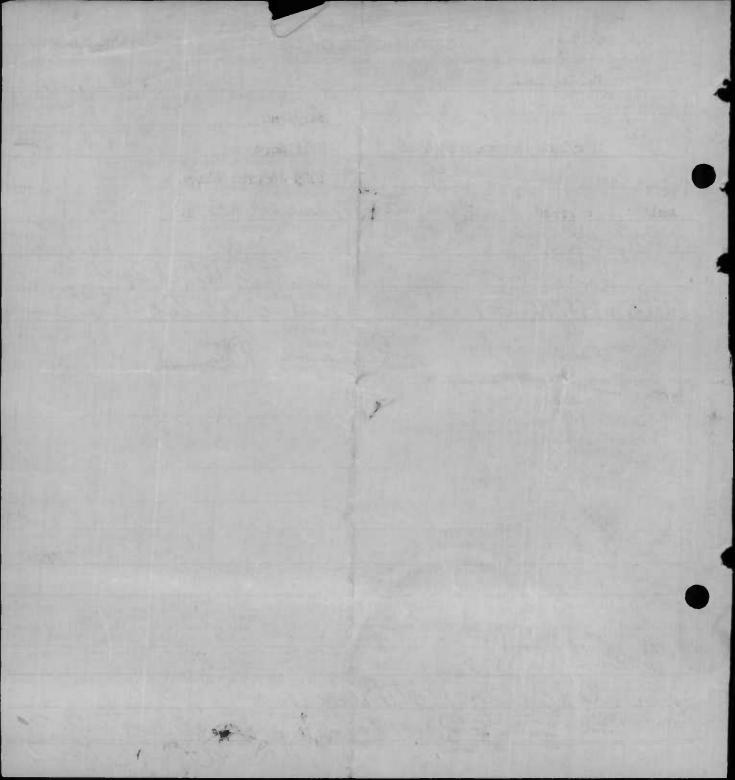
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20. AUTOPSY?

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ADDRESS



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	1		BAI	LTIMORE CITY H	EALTH	DEPARTM	TENT	50	2846
	DTU NO 51	2040		CERTIFICAT	E OF	DEATH	ł	Registere	
1.	NAME OF D ype or Print)		Anthony	Pasquarie	110		2	OF War	ch 24 1950
	PLACE OF D	EATH: City, Maryland	505 Alb				NCE (Where		. If institution: residence
В.	FULL NAME OSPITAL OR			ion, give street address of	1	aryland z			
	STITUTION			location	C. C.	Y OR TOWN	(lf outs	ide corporate li	inits, write RURAL and gi
7	)			Yrs.		altimore	- 116 mm-r	1 min 1411	2-02
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-	SEX	tay in Baltimore	E 1 7. SINGL	Days E. MARRIED.	1 8. DA	05 Albema		AGE (in year:	If Under 1 Year   If Under 24 Hou
	Male	1971a 4 4 a	WIDOV	ED, DIVORCED (Specify	)			last birthday)	Months Days Hours Mir
	A. USUAL OC	White CUPATION (Give kind		OF BUSINESS OR		mber 5 1		n country)	4 19 12. CITIZEN OF
	Labor (Ref	of working life, even if retir	ed)	Electric Co.	Y				WHAT COUNTRY
_	FATHER'S		Gab a	MIGCUITO GO.	14. M	tana Ros	DEN NAME	Italy	U.S.
	Cananas	o Paganani	11.						
15	. WAS DECEASE	o Pasquarie	MED FORCES?	16. SOCIAL		FORMANT		:	ADDRESS
(Ye	s, no or nuknown)	(If yes, give war or d	ates of service)	SECURITY NO.		1		000 0	
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	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					Arto O	Clam	Bluck	1/601
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	injury or complication which caused death.) DUE TO								
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H	HOMICIDE	(Specify)	about nome,	iarm, iactory, street, omce bidg.	,euc.) IIV	JURY OCCUR	. [		
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	dcceased a	ive on to The	19/0	and that death occu	rred at	1/	from the		n the date stated abov
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2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B DATE		24c. NAME of CEMET	ERY OR C	REMATORY	24D. LOCA	TION (City, to	wn, or county) (State
_	Burial	March 2	28 1950	Holy Redeemer	Cen	etery	4430 E	Belair Rd	. Balt.Md.
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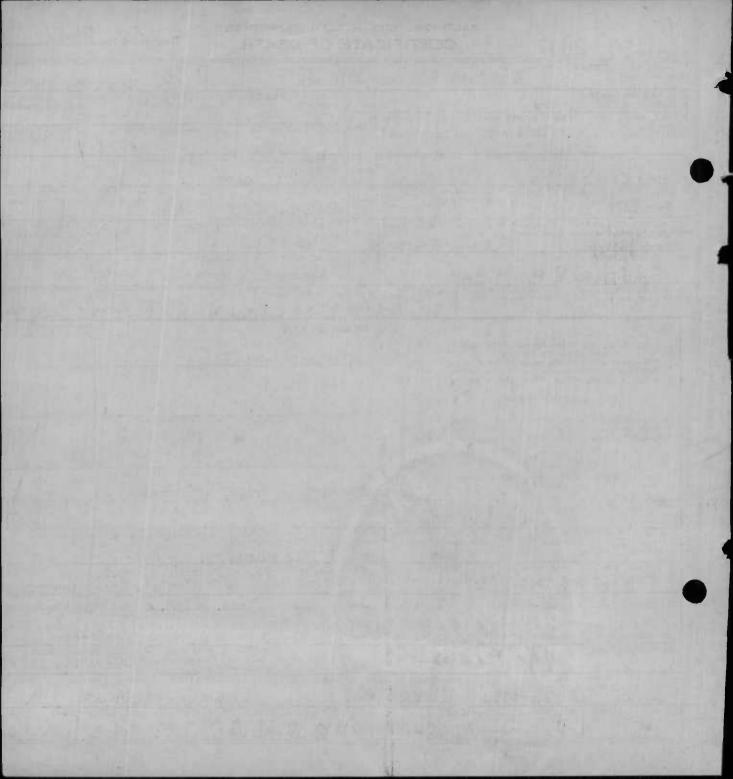
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2847 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Michie Hildreth OF March 26 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR Maryland General Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) carefully egilly. Baltinore D. STREET ADDRESS (If rural, give location) Yrs. Mos. should be car c. Length of stay in Baltimore 1517 Bolton Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) Female DEC. 21, 1900 10A. USUAL OCCUPATION (Give kind of clearly 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY LERICAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WATSON ERKINS GEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yee, give war or dutes of service) causes of (Yes, no or naknown) SECURITY NO HENCH CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every iter LEADING TO DEATH Carbon monoxide poisoning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Incised wounds of writs, bilateral TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 0.C -OF INJURY Gas stove on but unlit. Sharo instrumen 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238 CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) State) RIVERVIEW 78-19 DURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC ADDRESS LOCAL REGISTRAR

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7	ge is especially important. Physicians: please write the causes of death clearly and legitly.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) KATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 419 A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Tare HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED; DIVORCED (Specify dower TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even Aretired) INDUSTRY Louseurs 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Muria 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMAN (Yes, no or unknown) SECURITY NO no no none 18, CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Auce Verries LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Deerpecolisi DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT. SUICIDE. 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE! WHILE AT

WORK AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on\_ and that death occurred at 0.10 SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

OF INJURY

VS 150

DATE RECEIVED BY REGISTRAR'S SIGNATURE huntry store H

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

21F. HOW DID INJURY OCCUR?

ADDRESS

before admission)

Il Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

100,

YES

190 that I last saw the

(If in Baltimore City, give exact location)

Im., front the causes and on the date stated above.

24D. LOCATION (City, town, or county)

8:10P.M.  Physicians: please write the causes of death cearly and legibly.

especially important.

	200	DALENIADE OF U			50 2849
h	29.49	BALTIMORE CITY HE			
B	IRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
-	NAME OF DECEASED			L2 DATE	
(1	Type or Print)	- 1 6		2. DATE OF	21/12
-	PLACE OF DEATH:	allinood so	L 4 LIQUIN DEGIDENCE	DEATH 2/	24/20
	Baltimore City, Maryland ( 4)	00	A. STATE	(Where deceased lived, If is B. COUNTY	nstitution : residence before admission
В.	FULL NAME OF (If not in hospital or	institution, give street address or	mol		
	OSPITAL OR NSTITUTION	logation)	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv
	VSTITOTION		mato	22-	07 township
		Yrs.	D. STREET ADDRESS	If rural give location)	
	Towards of standards Dalle	Mos.	1.1-0		1
	Length of stay in Baltimore	Days Days	648 conu		
2		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	Under I Year II Under 24 Hoursths; Days Hours Min
	male lol	undural	1/16/190	0	
10		B. KIND OF BUSINESS OR	11. BIRTHPLACE (State o.	r foreign country)	12. CITIZEN OF
WOT	k done during most of working life, even if retired)	SLASS INDUSTRY	m.		WHAT COUNTRY
1	3. FATHER S NAME	CHIJ (MFG)	-710		
1	20	1	14. MOTHER'S MAIDEN	NAME ,	
	Thomas F	taywood	mary.	Harrio	
15	5. WAS DECEASED EVER IN U. S. ARMED FO		17/INFORMANT	AD	DRESS
(1	es, no or unknown) (If yes, give war or dates of se	SECURITY NO.	James Ha	ellermed 6461	Par SI
				100009 078	vicing 50
	18. 443 X	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIR	ECTLY	. /		
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	heart failure, asthenia, etc. It means th	he disease,			
	injury or complication which cause	ed death.) DUE TO			
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Z		(B)	v- reluni	- Nyperleur	
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<	UNDERLYING CONDITION LAST.				
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E	11	_(C)			
K	OTHER SIGNIFICANT CONDITIO				
H	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	TRELATED USING IT	***************************************	***************************************	
,		MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL					YES NO
	21A. ACCIDENT, SUICIDE,   2	18. PLACE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City, gi	
EDI	HOMICIDE (Specify)	out home, farm, factory, street, office bldg., e	te.) INJURY OCCUR?		
Σ					
	21D. TIME (Month) (Day) (Year) (Ho	ur) 21E. INJURY OCCURRI	ED 21F. HOW DID INJU	IRY OCCUR?	
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	deceased alive of the		red at 4 Lem., from	the causes and on the	
	274 SIGNATURE	2	3B. ADDRESS	0 01	23c DATE SIGNED
	Meman Harus	м. р.	won con	lu "	9/2/10
1 2	4A. BURIAL. CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY   240	LOCATION (City, fown, o	or county) (State)

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25. FUNERAL DIRECTOR 108 ADDRESS
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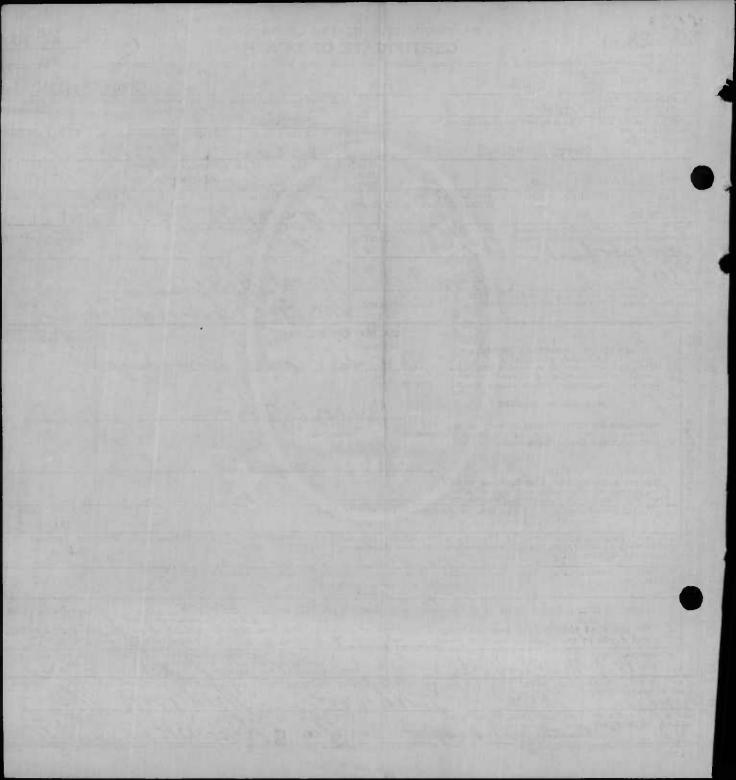
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

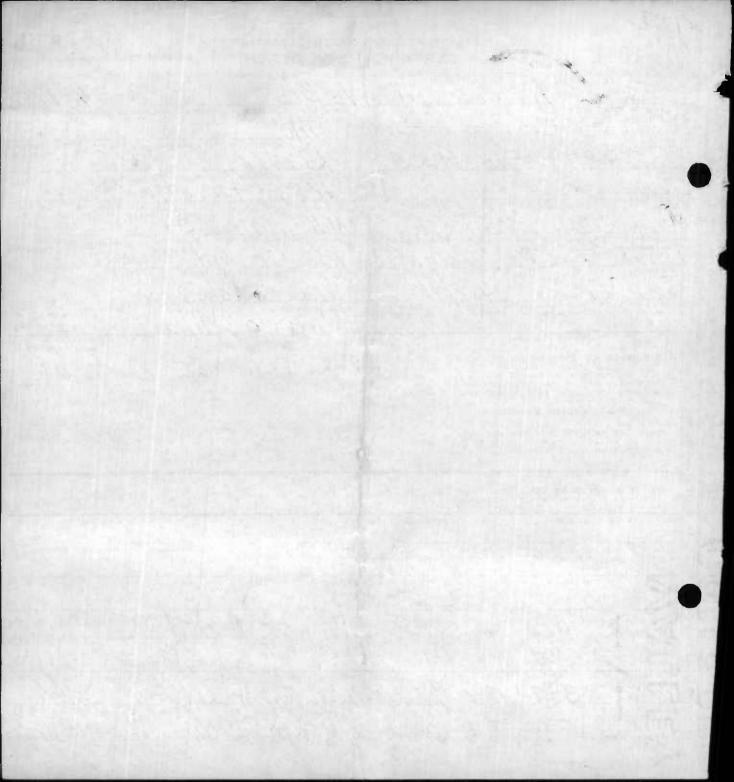
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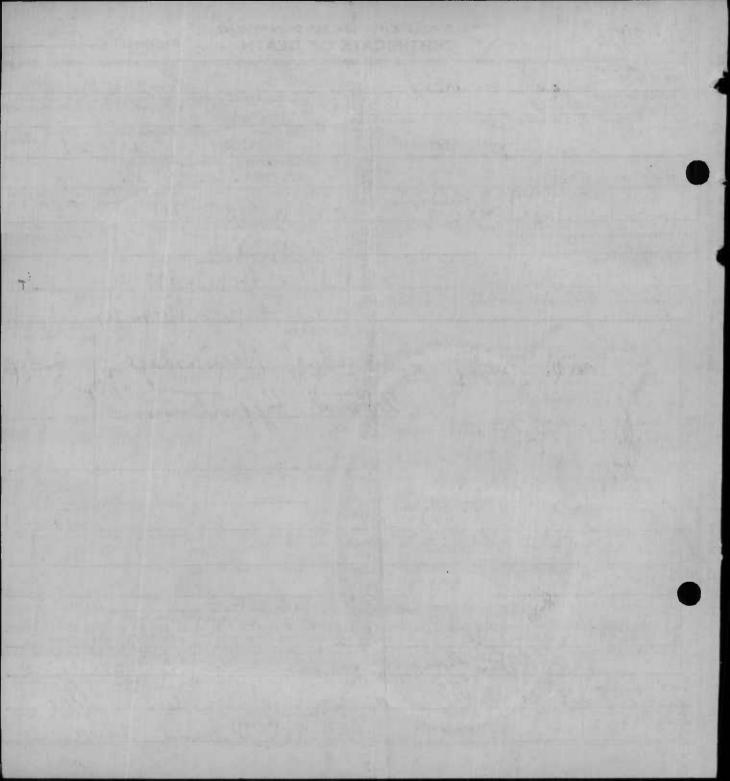
- 1	BI	RTH NO.	
		NAME OF DECEASED UPPe or Print) LOLA QUINN	2. DATE OF March 25, 1950
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address or	
1		OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
		Mercy Hospital	Baltimore 5-6 C
		Yrs.	D. STREET ADDRESS (If rural, give location)
	c.	Length of stay in Baltimore  Mos.  Days	228 N. High Street
	_	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) Il Under I Year   If Under 24 Hours
7		Female White WIDOWED, DIVORCED (Specify)	MARCH 17, 1897 last birthday) Months Days Hours Min.
San a		A. USUAL OCCUPATION (Givekinded 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
		meny worm	// Vg.
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3	1	Mhmm) (Atmad.	(MMa Howard
	No.	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL  , no oc unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS ALL
5	1	s, do or unknown) (If yes, give war or dates of service) SECURITY NO.	Mothe (Newmen) Romain
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	RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
	Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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;	AL		YES X NO
	DIC	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH.	
	ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW BID INJURY OCCURY
2	7	m.   WORK   AT WORK	
		22. I certify that I took charge of the remains described a	
		the evidence obtained by said Autoney Inspection or I	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above
3		and death in my opinion resulted from: natural causes	$\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
		23A. SIGNATURE A.	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
		A. J. Mc Clafferty M.	ASSISTANT MEDICAL EXAMINER
1	24		RY OR CREMATORY   240 (State)
	R	IN, REMOVAL Specify)	noul Wallenon Ille
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		MAR 27 1930 mutuator Notiane, no	MINON IN IN IN IN IN
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B. FULL NAME OF INSTITUTION  C. Length of stay in Baltimore  C. Length of stay in Baltimore  D. STREET ADDRESS [If rural, give loog tion)  S. SEX  6. COLOR OR RACE  7. SINGLE MARRIED  MOD.  B. DATE OF BIRTH  9. AGE (1) year   10 best Tier Institution   10 best Tie	1100		9		
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IS. WAS DECEASED EVER IN U. S. ARMED FORCES!  (Ve. more inshipmed, property of the property of	Male Col.	SING/B	(Specify) March 11911	last birthday) Months	Days Hours Min.
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SECURITY NO.   STATE OF DEATH   STATE	Jeffenson	Webb	Magaicho	DINSON	V
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart sign not mean the mode of dying, e.g., highly or complication which caused death.)  ANTECEDENT CAUSES  DUE TO  ANTECEDENT CAUSES  (B)  DUE TO  ANTECEDENT CAUSES  (B)  DUE TO  OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON.  TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO  21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg, etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) CAUSE OF OPERATION 21F. HOW DID INJURY OCCUR?  OF INJURY  22A. BURIAL, CREMA- 24B. CATE  23B. ADDRESS  23C. DATE SIGNATURE  23C. DATE SIGNATURE	(Yes, not runknown) (If yes, give war or		Y NO. 17-INFORMANT	Mills ADDE	ora 5%
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO  ANTECEDENT CAUSES  (B)  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION (C)  TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  19A. DATE OF OPERATH  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  ADDITIONAL CONTRIBUTING ABOUT HOME AND ADDITIONAL COLURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY OF INJURY OCCURRED  22. I hereby certify that I attended the deceased from while at work of the date stated about the deceased alive on the date stated about the deceased alive on the date stated about the date stat	DISEASE OR CONDITIO	ON DIRECTLY	USE OF DEATH		INTERVAL BETWEEN
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DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 35 JUNERAC DIRECTOR APDRESS 325	23A. SIGNATURE COL	hw. Nellly	23B. ADDRESS W. W	m 1 2	3/2) SO
LOCAL REGISTRAR TENTIFICATION Holliques Mes Melis Adilians M. Somorde I	Burial 378	8-1950 M/ C	Wille Cent &	Pallo.	Ald:
42086	LOCAL REGISTRAR		JANUARAC PIRESTOR	Minus 91. 30	Morde 14
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH Merch 25 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF "If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University He sital D. STREET ADDRESS (If rural, give location) Mos. 1910 W. Lexington St. . Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) Tomale (O) ored 108. KINDOF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT, COUNTRY? OMESTIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no, or unknown) SECURITY NO. DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially 22. I certify that I took charge of the remains described above, held an Autorsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 240 LOCATION (Olty, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



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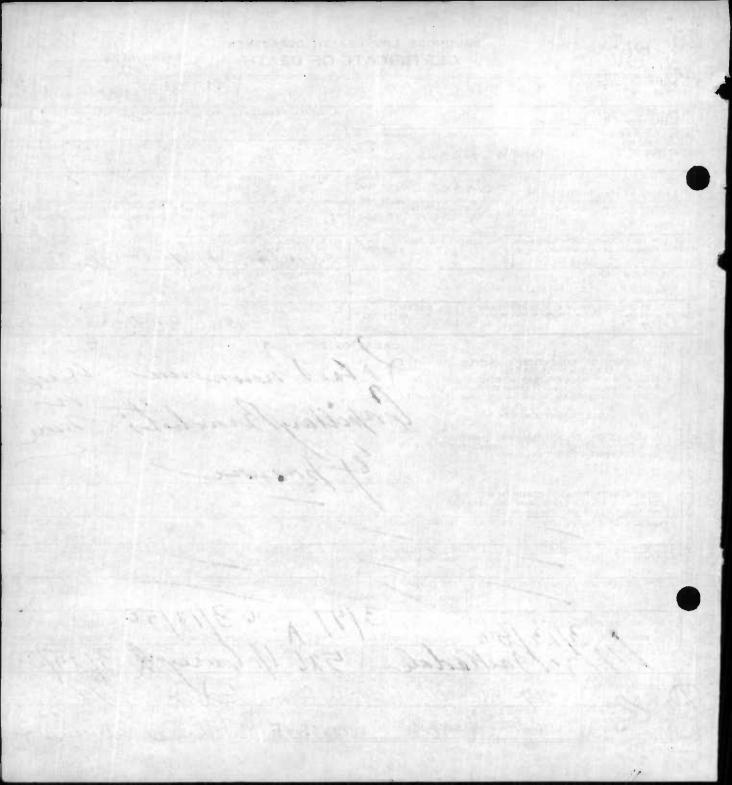
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correct age

## BALTIMORE CITY HEALTH DEPARTMENT

50 2853

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Charles H. Wash	ington.   2. DATE march 23, 1950.
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR // / location)	mo.
INSTITUTION 949W. Franklin St,	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimary, Md
c. Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give logation)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
male C WIDOWED, DIVORCED (Specify)	Tebuay 10, 1894 [last birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Jd. Washin gtoni,	Ada B. Johnson. V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or upknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ADDRESS St.
18. 491 . CAUSE	OF DEATH O
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	at nemouse Wash
injury or complication which caused death.) DUE TO	1 1 1 1 or
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¥ V	RATION . 20. AUTOPSY?
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
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deceased dive on 1/. 3 / 396, and that death occur	the state of the s
1 / Jacksdale M.D.	526 / Garey 3/27/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETR	RY OR CREMATORY 229. LOCATION (City, Yourn, Younty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS 2.2.
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24A. BURIAL, CREMA-

LOCAL REGISTRAR

24B, DATE

25. FUNERAL DIRECTOR

OR CREMATORY

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## BALTIMORE CITY HEALTH DEPARTMENT

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Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 25, 1950 Margaret May McGreevy 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 34 S. Decker Ave. .

9. AGE (In years | If Under I Year | Months | Days | Hours | Min. c. Length of stay in Baltimore Unknown Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Widowed White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe. U.S.A Home Emmitsburg, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Lawrence Amy Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) | (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Lawrence Kries 34S. Decker Ave No None Unknown Balto. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO Geneinoma Julim & Intella ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? important. YES X (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or WHERE DID about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WORK 22. I hereby certify that I attended the deceased from 2/26/50, 19, to 3/25/ \_\_\_\_, 1950 that I last saw the deceased alive on 3/25/ 1950, and that death occurred at 6:10A M. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 202 1400 N. Caroline Street 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Burial St. Josephs Emmitsburg Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Lilly & Beiler Inc. 403 S. Wolfe St. Balto. WA 150

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25. FUNERAL DIRECTOR

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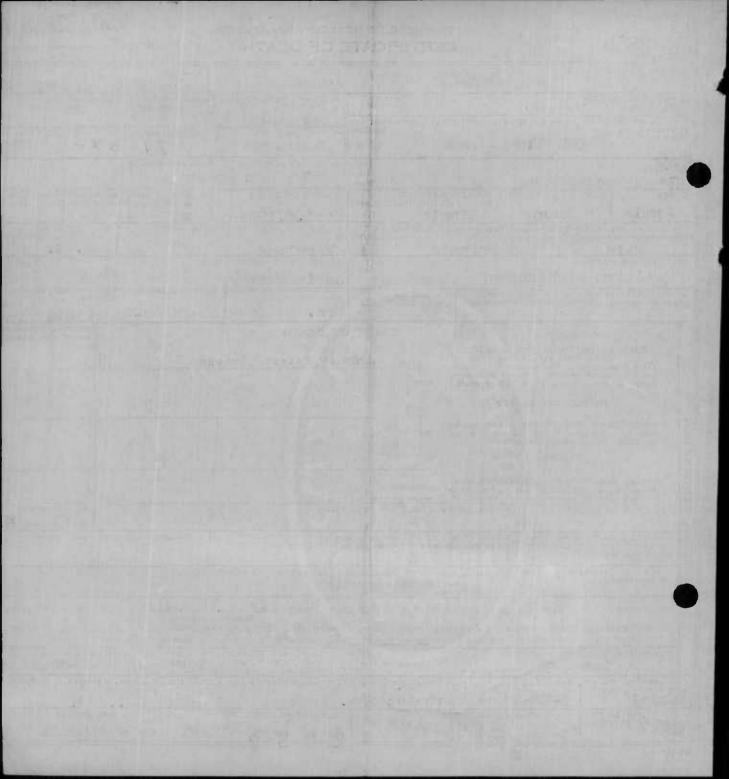
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Greenmount

Baltimore, Md.

John O.Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

25. FUNERAL DIRECTOR

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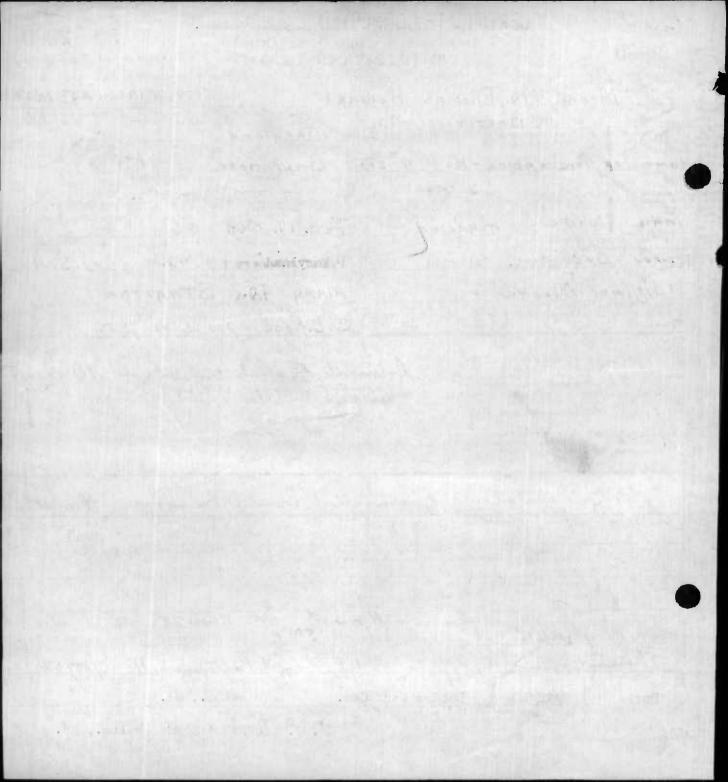
1-600 50 2860 BIRTH NO.

especially important. Thysicians: please write the causes of death clearly and legibly.

## CERTIFICATE CORRECTED 4-3-50

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7	2860		BAL	CERTIFIC				Registere	d No	2000
В	IRTH NO.			CLICITIC	ATEO	DEATH			4 210	
(7	NAME OF DE	MOORE, M	R. Tho	mas Ho	WARD			OF DEATH	Arch	25 1950
A.		ity, Maryland	BALTIN	rope Ma	4. US	UAL RESIDEN	ICE (Whe			ution : residence before admission
H	FULL NAME ( OSPITAL OR NSTITUTION	OF / (If not in hos	pital or institut	ion, give street add	4 * 1	ARY AT		tside corporate li	imits, wri	te RURAL and giv
	lone for	A Incura	bles -7	00 W. 40 th 5	T. 1	BALTIM		1	5-0	76 township
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		ay in Baltimore  6. COLOR OR RAC	E 7 SINGLE	MARRIED	Days			amont St.		1 Year   If Under 24 Hours
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(Ye	o, no or unknown)	D EVER IN U. S. ARM (If yes, give war or de	EO FORCES?	16. SOCIAL SECURITY NO	NO. 3 8	FORMANT ROSS -	700	W. 40 th	ADDRE	ess
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	heart failur injury or	e, asthenia, etc. It m complication which	eans the disease caused death	e. .) DUE TO	combar	Discaple	e with	nght		
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CA	UNDERLY	ING CONDITION	LAST.	(C)				*************************		
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Σ		Month) (Day) (Yes	r) (Hour)	21E. INJURY OC	CURRED 21	F. HOW DID 1	NJURY C	CCUR?		
	OF INJURY			WHILE AT NOT	WHILE WORK					
	22. I hereby	certify that I a	ttended the	deceased from	Nov. 23	1948	to Man	h 25 15	50 the	at I last saw th
	deceased ali	ve on March 1	5 1950	and that death	occurred at	5.05 P.m., f				ite stated above
	23A. SIGNATI			- 1	23B. AD	DRESS	0 44			C. DATE SIGNED
0	Jan Billian Ci		2 WM	4/ м.	0. 116.0	base It to	Saltin	me 2, H	0 3/	25/50
TI	4A. BURIAL, CI ON. REMOVAL (Sp	pecify		AL. NAME OF CE				ATION (City, to	wn, or co	unty) (State)
-	Burial ATE RECEIVED		- 4/ 1 -	Loudon Park			Balto	, Md.		
L	OCAL REGISTE	RAR Thurst	R'SISIENATU	itame, Alife	3 0 0	NERAL DIREC	1	COMO D		DRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Burton OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MAYY B. FULL NAME OF more surry HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. I It linder 24 Hours 7277184 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Carmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Burton orge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. Patient UNKNOWN INTERVAL BETWEEN 18. . CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDING 19A. DATE OF OPERATION 20. AUTOPSY? 4 21B. PLACE OF INJURY' (e. g., in or ) 21c, WHERE DID 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE ATT NOT WHILE [ AT WORK WORK 3-20 1950, to 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ m., from the causes and on the date stated above. deceased alive on 3-26 . 1950, and that death occurred at /2 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CBENA-TION REMOVAL (Specify) 24CHAME OF CEMETERY OR CREMATORY RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR hutrigion / Yelliaguas Mill

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50 2862 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) March 27, 1950 Gilbert Sackerman DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: Baltimore, Md. B. COUNTY A. Baltimore City, Maryland 'Marvland B. FULL NAME OF (If not in hospital or institution, give street address or 4506 Sorento ATO) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give Colonial Nursing Home Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 610 Cathederal St. . Length of stay in Baltimore Davs 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months; Days Hours Min. 73 75 75 Sept.3,1876 Widowed 6 Male White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Artist Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Coblens Gabriel Sackerman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Mr. Walter Sackerman Cathedral St 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 18. 4221 DISEASE OR CONDITION DIRECTLY Adenias clerotic Cardio. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) Vascolar Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from 6-10-49, 19, to 3-28, 19-7 that I last saw the deceased alive on 3-27, 1950, and that death occurred at 5.30 a.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

20. AUTOPSYT

before admission)

24

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

township)

Burial

DATE RECEIVED BY LOCAL REGISTRAR

LEAD

REGISTRAR'S SIGNATURE

Mar. 28, 1950 Baltimore Hebrew Cem. Baltimore, Md.

25. FUNERAL DIRECTOR David Sondheim & Son 1902 Eutaw Pl. Tuntun to Missey M. M.

VS 150

onthem for 1902

ADDRESS

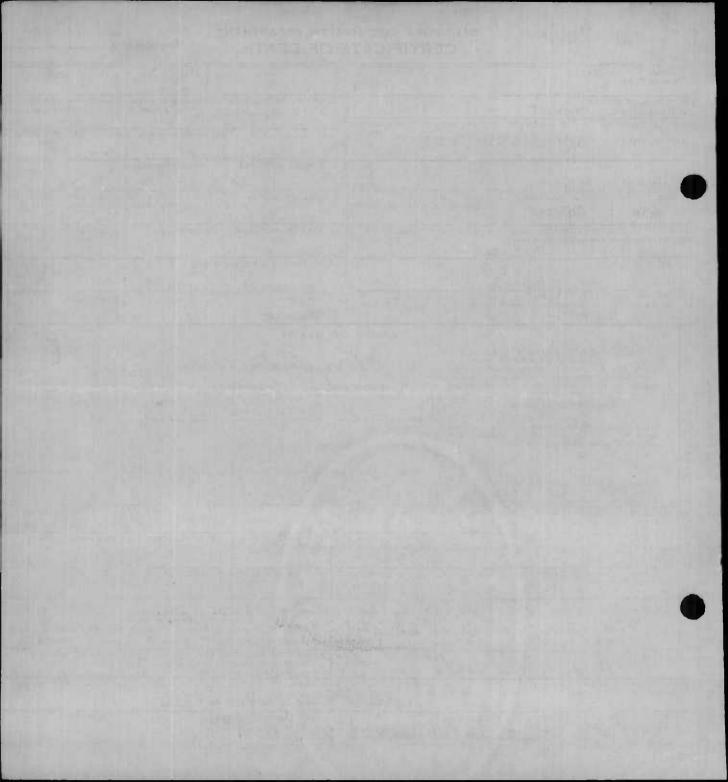
HYZ-KI MO MYMONRYMSON .me talfench node The bank all manners out of un favor, ex-A TOTAL TIME TO THE PROPERTY OF THE PARTY OF BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2863 Registered No-

В	IRTH NO.	CERTIFICATE	- OF BEATH		
	NAME OF DECEASED Type or Print)	Sam Green		of March	15, 1950
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF ('f not in hospi	ital or institution, give street address or	4. USUAL RESIDENCE (V	Where decensed lived. If B. COUNTY	institution : residence before admission)
H	OSPITAL OR	e City Hospital			s, write RURAL and give township)
	Length of stay in Baltimore	Yrs. Mos. Days		ome Address	
	Male   G.COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  Unknown	757	f Under 1 Year   If Under 24 Hours on the Days   Hours   Min.
WOL	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired Unkr	INDUSTRY	11. BIRTHPLACE (State or for Inknown	oreign countr <del>y</del> )	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
15 (Ye	Unkr 5. WAS DECEASED EVER IN U. S. ARME 10. no or unknown) (If you, give war or dat Unknovn	ED FORCES?   16. SOCIAL	Unknown 17. INFORMANT Unknown	A	DDRESS
RTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	of dying, e.g., cans the disease, caused death.)  USES  IF ANY, GIVING (A) CASC.  (B) COMMON (B) STATING THE COMMON (C) C	or DEATH Prosclerate Ca ular disease	rdio-	ONSET AND DEATH
CERI	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	T NOT RELATED	ATION		20. AUTOPSY?
7	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	ATTON		YES NO TO
EDICA	21A. EXTERNAL CAUSE WAS PRIMARY [] OR CONTRIBUTING [CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., ir about home, farm, factory, street, office bldg., e		If in Baltimore City, a	give exact location)
M	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour)   21e. INJURY OCCURRE WHILE AT NOT WHILE TO AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
-	the evidence obtained by	arge of the remains described a y said Autopsy, Inspection or In resulted from: natural causes	Autopsy, ind that said d	, homicide , u	thereon and from the day stated above, indetermined
	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	Lafferly M. 24C. NAME OF CEMETER	.D.   MEDICAL INVESTIGAT		or county) (State)
D	OCAL PEGISTRAP	ting to Williams, MI	25. FUNER CONTRIBECTOR	ol Health	ADDRESS
	3 151	Talana Markanan Markanan			937 1

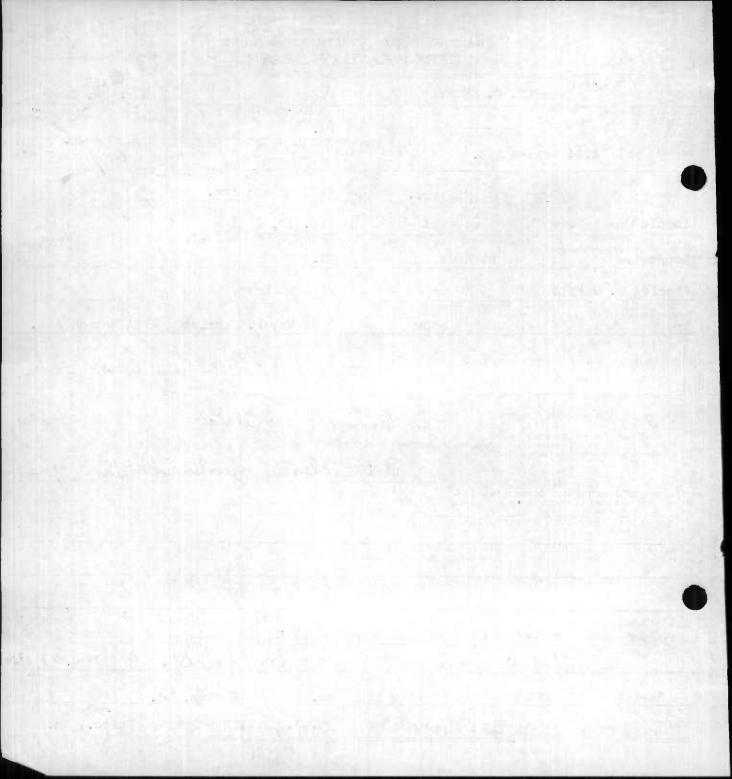
VS 151

Correct age is especially important.



### BALTIMORE CITY HEALTH DEPARTMENT

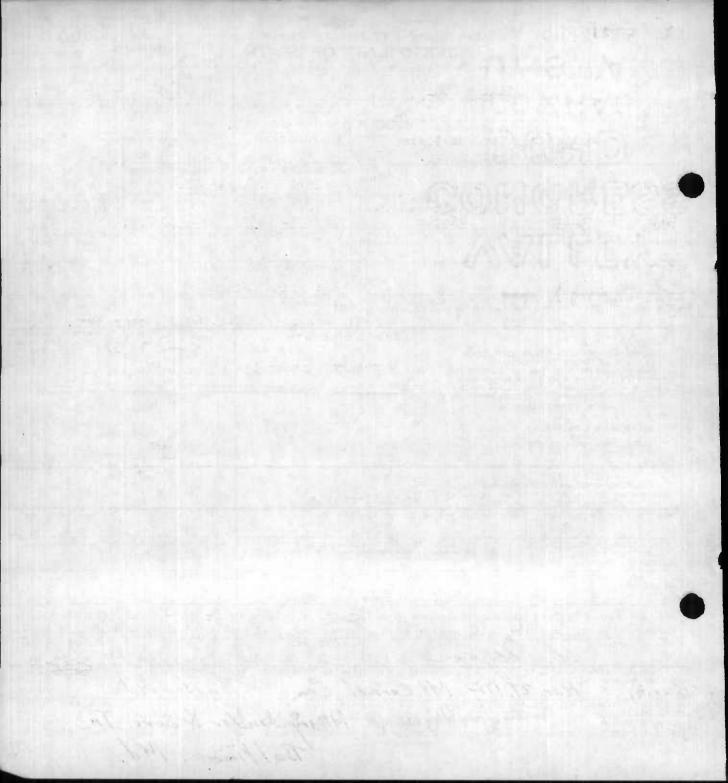
BIRTH NO.	4		CERTIFICAT	E OF DEATH	Registe	ered No.	
1. NAME OF (Type or Prin		C. EMC	DRY	2. DATE 0F Mar. 35, 1950			
	e City, Maryland			A. STATE	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission		
B. FULL NAM HOSPITAL O INSTITUTION	R		on, give street address of location		c. CITY OR TOWN (If outside corporate limits, write RURAL and gi		
C Length of	f stay in Baltimore	2	Yrs. Mos. Days	Alsa Polone	SS (If rural, give locat	ion)	
5. SEX female	6.COLOR OR RACE	7. SINGLE	, MARRIED. ED, DIVORCED (Specify lowed	8. DATE OF BIRTH	9. AGE (In ye last birthde	ears     Under   Year     Under 24 Hours   Mir ay)   Months Days   Hours Mir	
	OCCUPATION (Give kind of ost of working life, even if retired for the control of		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER				14. MOTHER'S MAI			
	ASED EVER IN U, S. ARMI (If yes, give war or date		16. SOCIAL SECURITY NO. NONO	17. INFORMANT Miss May P	Bartlett 4	ADDRESS 134 Roland Ave.	
18. 4	10.0		CAUSE	OF DEATH		INTERVAL BETWEE	
TIFICA SOUND	O THE ABOVE CAUSE (A RLYING CONDITION )  II R SIGNIFICANT CONI	LAST. DITIONS CON	(c) arte	wicleratic .	Hypertensive	H.Dis yrs.	
U TO TH	E OF OPERATION	N CAUSING I		RATION		20. AUTOPSY?	
21A. ACC HOMICIE	IDENT, SUICIDE, E (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg			YES NO Le City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DI OF INJURY					INJURY OCCUR?		
22. I he	reby certify that I a lalive on Mar. 2	4 1950	and that death occu	, 19#6 erred at 7 P. m.,	from the causes an	, 19 <b>50</b> , that I last saw t	
23A. SIG	Robert .	(N. Sa	M.D.	1/0 3 St.	Paul St.	mar . 27, 19	
24A. BURIA TION. REMOVA Buri	al 3/28	/50	Spring Hil		Raston, Md.		
LOCAL REG	ICTRAD	R'S SIGNATU	45 4 44		HER & SONS	Balto., Md.	
VS 15		6				930	



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2865 Registered No.

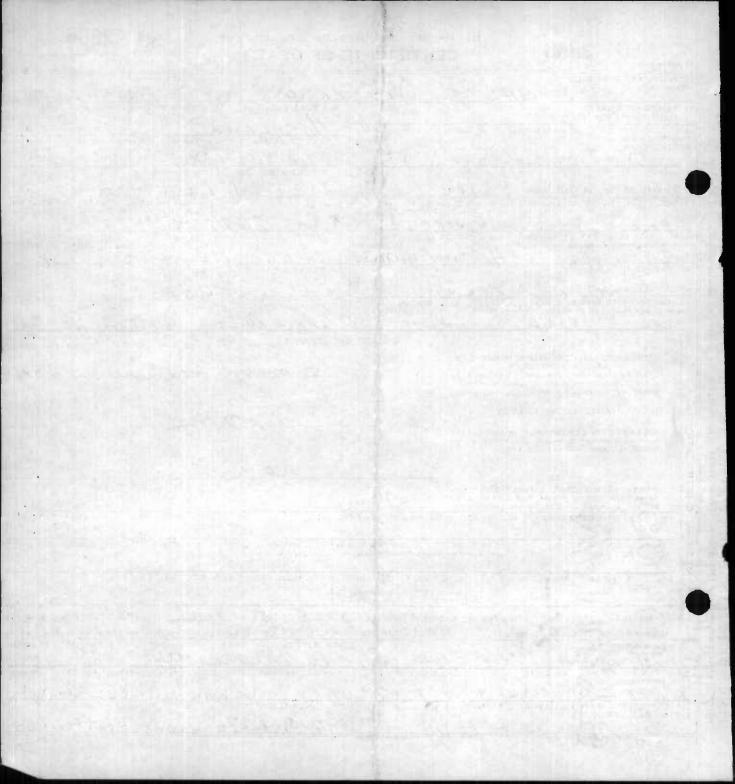
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	William	Uhl		OF DEATH	- 25- 1950.		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
HOSPITAL OR Bolt	not in hospital or institut Simore City Ho	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	ts, write RURAL and give		
INSTITUTION	4940 Eastern		Baltimore	San Lets	7 = 04 township)		
		Yrs.	o. STREET ADDRESS (If		1		
Length of stay in Ba			1819 E . Chase				
5. SEX 6. COLOR	OR RACE 7. SINGLE	E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours Min.		
Male Whi		ingle	Dec. 3- 1857	92 Yrs.			
10A. USUAL OCCUPATION work done during most of working life,		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for MD.	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
Jacob Uhl	Jacob Uhl						
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, gi	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS		
(133, 20 ) (137)		020011111101	Records B.C.H	. 4940 E ster	rn Ave.		
ANTECED  O DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	11	(B) NG HE OUE TO (C)					
TRIBUTING TO THE	TRIBUTING TO THE DEATH, BUT NOT RELATED Bronchiectasis						
. 19A. DATE OF OPERA	TION 19B. MAJOR	FINDINGS OF OPER			YES NO X		
21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH	DIADEIL.	ACE OF INJURY (e. g., i ferm,factory,street,office bldg.,	The state of the s	If in Baltimore City,	give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE							
22. I hereby certify	22. I hereby certify that I attended the deceased from 9-9-, 1944, to 3-25-, 19 50 hat I last saw the						
deceased alive on_	3- 25-, 19,50	and that death occur	rred at 7.00mAMrom	the causes and on	the date stated above.		
23A. SIGNATURE	1/ Du		23B. ADDRESS	77	23c. DATE SIGNED		
TION REMOVAL (Specify)	4B. DATE	M. O. 24C. NAME OF CEMETE		ocation (City, town			
	egistrar's signat	Milianie, M. R.	25. FUNERAL DIRECTOR		INC.		
VS 150			Baltini	ore. Md	94a		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH / en 26, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 23 2 MORE Yrs. (If rural, give location) Mos. . Length of stay in Baltimore om DARO Days 9. AGE (In years) Il Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Months Days Hours Min. It Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) VIVORCEd 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11 BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY APPLIANCES DALESMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 M 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO NO ONE 213-09-8394 INTERVAL BETWEEN CAUSE OF DEATH 18. 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED . Willow TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE . 19 9 That I last saw the , 1900, to\_ 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 5: 30 P.m., from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 23A. SIGNATURE 20 QUELLEN 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY TION-REMOVAL (Specify) DYRIAL DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR

WRITE

PLEASE



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. OATE 1. NAME OF DECEASED (Type or Print) 1 homes Illman fr. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTYbefore admission) Mary/ond lemere (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OF TOWN (If outside eprporate limits, write RURAL and give INSTITUTION Union Memori Mon Kton (If rural give location) Yrs. D. STREET ACORKSS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. marrile 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B, KINO OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Carpenter AR YCAND US CUNST 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME ARBARA SMYDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AOORESS (Yes, no or unknown) SECURITY NO. WIFE UNIS SAME INTERVAL BETWEEN 420. CAUSE OF DEATH ONSET AND DEATH Posterior Myocordial Inforction DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. generalized arkinosclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, OATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIOE (Specify) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT 1950 to March 27 22. I hereby certify that I attended the deceased from March 76 . 195 that I last saw the deccased alive on Min 27, 1950, and that death occurred at 112 Am., from the causes and on the date stated above. 23B. AODRESS 23c OATE SIGNEO 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR

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VS 150

1-240 BALTIMORE CITY HEALTH DEPARTMENT 50 2868 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Katherine OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3020 HUR B. COUNTY before admission) M.d. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Ave. Lentucky 3020 Davs 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH Apr: 1 1873 widowed 10a. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Sohemia House WORR Housewidek - HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Un Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) SECURITY NO. Hythony 2020 Kantucky Au W. Kasal INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY morrhage (apoplexy) LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) rdes Vascular Rend Essey ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE ATT AT WORK 22. I hereby certify that I attended the deceased from Warth 23, 1950, to Ward 23 \_, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above, 23B. ADDRESS 23A. SIGNATURE 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Bureas REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Lutivator / Ville

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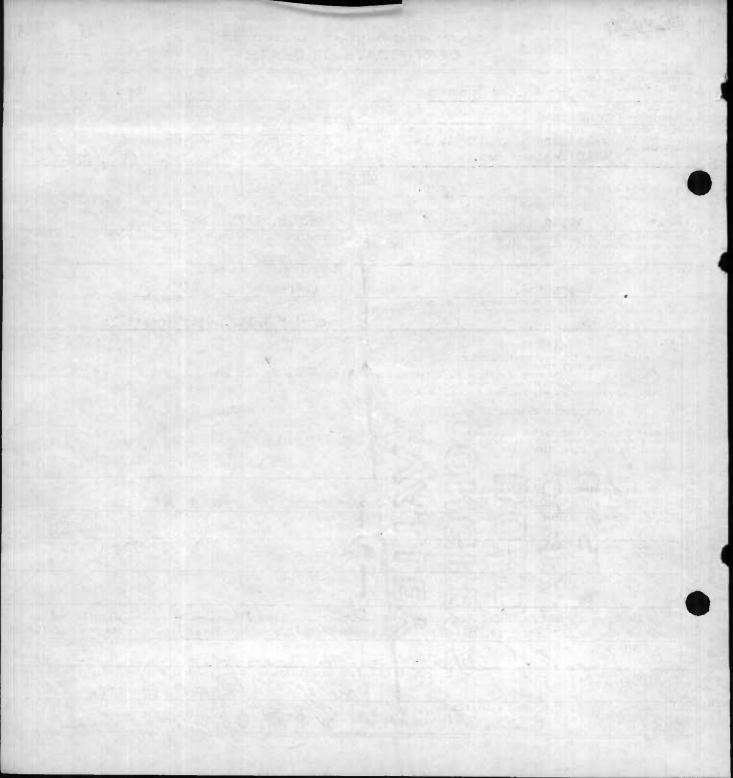
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2869

2869 Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mar. 26, 1950 Charles Walter Ryckman DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 60 yrs. 1823 Odell Avenue . Length of stay in Baltimore Days 7. SINGLE, MARRIED, W1DOWED, DIVORCED (Specify) Widowed 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 5. SEX If Under 1 Year last birthday) Months Days Hours: Min. Male Jan. 26, 1872 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Deceased) (Deceased) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. Records\* Balto. City Hospitals INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple myeloma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Bronchopneumonia TO THE DISEASE DR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCURT PLAINLY, 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 12-10-19 49 to 3-26-, 19 50 that I last saw the . 19 50 and that death occurred at 3:15Pm., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave 3-26-50 CEMETERY DR CREMATORY | 246/LOCATION (CT)y, town, or county) 1104 REMOVAL (Specify) 24B. DAT DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 HONERAL DIMENTOR ADDRESS!



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. ATH NO NAME OF DECEASED 2. DATE pe or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos Length of stay in Baltimore Ardonne Days 5. SEX 6. COLOR OR RACE BINGLE, MARRIED, MIDDWED DIVORCED (Specify) AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday | Months; Days | Hours | Min. Sinale 1.1902 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIF THPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? USA. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. Self About 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA H OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAI 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ō HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3/18 1950 to 3/27 , 1950, that I last saw the deceds dlive on 3/27 1950, and that death occurred at \$330 Am., from the causes and on the date stated above. 234 SIGNATURE 23c. DATE SIGNED 248. DATE TION REMOVAL (Specify) Burias DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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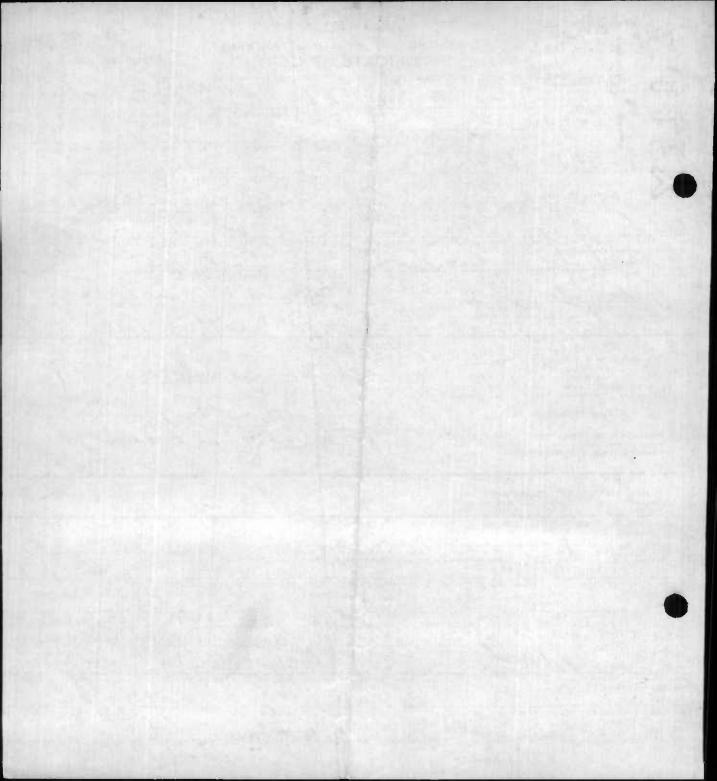
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## SEBALL

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	)U	29	71
Registered	No.		

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1. NAMI (Type or	Print)	na m	1. Sela	ld	2. DATE 3/2 6	150
	e of DEATH: more City, Maryland			4. USUAL RESIDENCE	Where deceased lived, It B. COUNTY	institution: residence before admission)
B. FULL HOSPITA		al or institution, giv	e street address or location)	S CITY OR TOWN	If outside servered limit	a south THYTDAY 1 to
D: 0	a St. Joseph	's Hospit	tal	c. CITY OR TOWN (	Balto G	s, write RURAL and give township)
			Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location) #	
	th of stay in Baltimore		Days		squith sl	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5 SEX	ala White	301	VORGED (Specify)	8. DATE OF BIRTH		Onths Days Hours Min
10A. USI	JAL OCCUPATION (Give kind of ring most of working life, eyen if retired)	10B. KIND OF B	USINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	House wife	Own ?	Home 2	Bal	to med.	WHAT COUNTRY?
13. FATI	ER'S NAME	,		14. MOTHER'S MAIDEN I	NAME	
7	rederick X	aub		anna M. C	Connell	
15. WAS	DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
n	0	- /   -		ETar 1. JEGa	ld 15329	iounit of
18.	420.1		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		0_	2. 10		OHOLI AND DEATH
(T	his does not mean the mode o	f dying, e.g.,	(A) COV	oury /as	out bus	
in	art failure, asthenia, etc. It mea jury or complication which c		UE TO			
	ANTECEDENT CAUS	SES	0.0	- n A	P. 1	
Z	CEASES OF CONDITIONS		(B) Uhle	ungeleigh	elains -	A
OF RI	SEASES OR CONDITIONS, II SE TO THE ABOVE CAUSE (A) NDERLYING CONDITION LA	STATING THE D	DUE TO	zerlar Ker	al proceso	-
ERTIFICATION	NDERLYING CONDITION LA	ST.	(C)	***************************************	***************************************	
E	11					
K 0.	THER SIGNIFICANT CONDI					
U TO	THE DISEASE OR CONDITION			L		
J 19∧.	DATE OF OPERATION 1	9B. MAJOR FIND	INGS OF OPERA	TION		20. AUTOPSY?
0 214	ACCIDENT WAS INDED	218 PLACE OF	F INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City,	YES NO
FAIL FAIL	ACCIDENT WAS UNDER.  IG OR CONTRIBUTING  SE OF DEATH		ory, street, office bldg., etc	injury occur?	(ii iii barrinote City, j	sive exact location)
21D.	TIME (Month) (Day) (Year)	(Hour) 21E. IN	NJURY OCCURRED	2 1F. HOW DID INJUR	RY OCCUR?	
		m. WHILE AT				
22.	hereby certify that I att	ended the decea	sed from ON	1011,00	lar 16 , 195	that I last saw the
dece	good alive on Res. 20	1950 and th	hat death occurr	ed at 9 Am., from		he date stated above.
23A.	SUGNATURE NO	The .	M. D.	B. ADDRESS SKA	thele	3. DATE SIGNED
24A. BI	IRIAL, CREMA- 24B. DATE	24c. N.		Y OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
1 1	urial 0/24/	50 7	toly Rad	29 1199	Bulto.	md.
DATE R	ECEIVED BY   REGISTRAR	SSIGNATURE	n/ 1:	5. FUNERAL DIRECTOR		ADDRESS
MA	REGISTRATE REGISTRAR	For William	LIME OL	5- With Suc.	1217 St. Pa	ul J.
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	1000	per set a desident	N. C. C. C.			1310



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# BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.		CERTIFICA	TE OF DEATH	Registered	. No
	NAME OF E		ancis D. Ho	wand	2. DATE OF DEATH MO	-1.26/950
3 A	PLACE OF E	City, Maryland	ZACAN OF TO	4. USUAL RESIDENCE		If institution residence before admission
H	FULL NAME OSPITAL OR ISTITUTION		tal or institution, give street address locat		(If outside corporate lin	nits, write RURAL and give
0	0	4120 1	Marx Clur	/0	Salto 2"	7 = 6   township
	Length of s	stay in Baltimore	M	00	If rural, give location)	
5	SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year   It Under 24 Hours
7	Nala	Whitz	Married	7/13/1865	84	Months Days Hours Min.
R	A. USUAL OC k dope during most	CCUPATION (Give kind of torking life, even if retired	Pa. R. R. Deh		foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME	1
	V,	1= , A. 1.	Howard	atherine	C. WhiEl	w
(Ye	w, no or nnknown)	ED EVER IN U.S. ARME	D FORCES? 16. SOCIAL SECURITY NO	D. 17. INFORMANT		ADDRESS
	10		117-07-74	9013A.J. Howard	1303 M. K	enwood au
	18. 44	3 × 1		SE OF DEATH		ONSET AND DEATH
		SE OR CONDITION	ATH (L	gelman No.	On	2 0
	heart fail	s not mean the mode ure, asthenia, etc. It mo complication which	ans the disease.			a course
11	,,	ANTECEDENT CAU				
NO	DISEASE		(B) Car	dig-Vascular /	Lypertensine	3 year
Ĕ	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	STATING THE DUE TO		1 Disease	0
C	ONDERE	THIS CONDITION I	A31.	) . Ja		3
TIF	OTHER	11	_(C)	Manager 1	w.	- Sear.
ER	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
7			198. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
CA	21A ACCIDI	ENT. SUICIDE,	1 218 BLACE OF INJURY /-	- i l 210 WUEDE DID	/It in Dalaina Cita	YES NO
MEDICA	HOMICIDE	(Specify)	218. PLACE OF INJURY (e. about home, farm, factory, street, office b		(If in Baltimore City,	, give exact location)
_	OF INJURY	(Month) (Day) (Year			RY OCCUR?	
r			m. WHILE AT NOT WE AT WO	RK 🗀		
			tended the deceased from			se, that I last saw th
	deceased a		_, 19_50, and that death bo	curred of C F m., from	the causes and on	the date stated above
	mil	al a. hom	usch a M.D.	14636 Belsin 8	and	3/26/50
2	N. REMOVAL	OREMA- 248 DATE			LOCATION (City, low	
Ł	may	) / d.	150 Jacum	Mary 5	Takko Co	1105
L	ATE RECEIVE DCAL REGIST		the for Hilliament	25. FINERAL DIMECTOR	2/12/1C	Voul &
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3- 25- 1950 Herman Cousler DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MD. B. FULL NAME OF HOSPITAL OR Baltimore City Hospitalocation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. Baltimore MD. D. STREET ADDRESS (If rural, give location) Life Mos ength of stay in Baltimore Davs Kresson ST. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWED 6. COLOR OR RACE 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min Male White Jan. 19 1878 72 Yrs 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? -ABORE Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cousler Johanna Schutzenberg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records B.C.H. 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial infarction (A) Bronchopneumonia (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Arteriosclerotic coronary artery disease ANTECEDENT CAUSES (B) ... Pulmonary Edema CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DILE TO (C) Arterioscleratic Heart Disease (over) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA YES X 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK . I hereby certify that I attended the deceased from ?-28-1941 to 3- 25-. 190 , that I last saw the deceased alive on 3-35-, 19 50 and that death occurred at 11 15PM from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3.C.H. 4940 astern Ave. 24A. BURIAL, CREMA-24B DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TATE RECEIVED BY REQUERARS SIGNATURE 25 EUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

See Document File 50-2873 for corrective authority

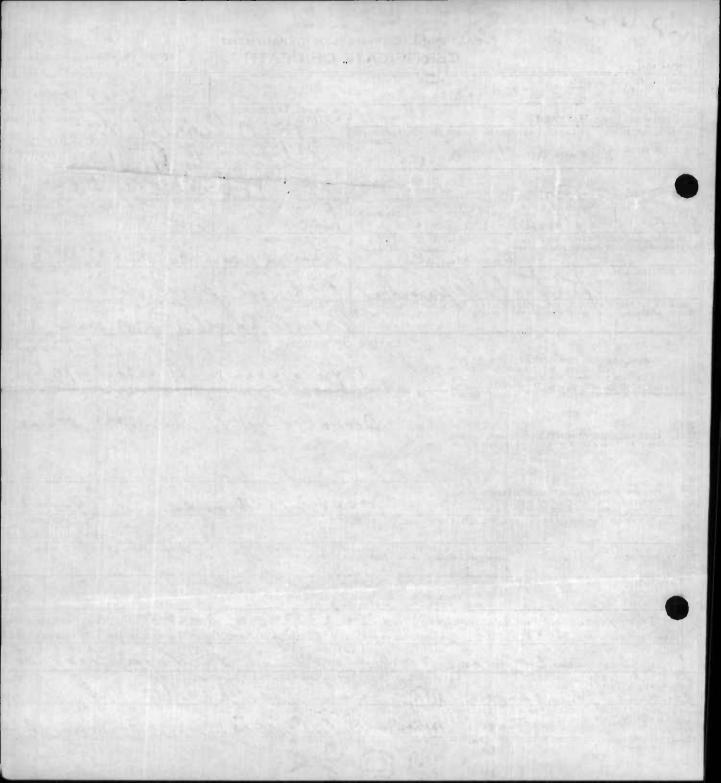
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2874 Registered No.

BIRTH NO.	- 01
1. NAME OF DECEASED (Type or Print) Ida white	2. DATE OF
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE 2.1 h C B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corps, the limits, write RURAL, and give
34	Ballo CH 16-01 township)
Yrs. Mos.	D. STREET ADDRESS (Pural, give likation)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In yours   M Under 1 Year   M Under 24 Hours
Colored WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In yers li Under I Year Mours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
meeter	Harren Da USa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Statecca pagner
(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	INFORMANT DA ADDRESS
I so 2/ V	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
	Lypoglycomic shock 16 hrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	shoter mollifus, uncontrolled 5 mos.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
F	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ation Hyportersian Undet.
198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	or   21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT. SUICIDE.  POMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	(tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
	- 7 - 50, 19 , to 3 - 24-5,919 , that I last saw the
deceased alive on 1-27, 192, and that death occur	
for the face held	38. ADDRESS 23c. DATE SIGNED 3-25-53
24a. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETER	170000
Burial March 29-1950 ht Palm	1 complete a (d & lo m)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL PIRECTOR ADDRESS
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VS 150 WY 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,0
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## BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.	E OF DEATH Registered N	0
1. N	IAME OF DECEASED William Joseph	12. DATE MA	MCH 24
	LACE OF DEATH: Saltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If	institution : residence before admission)
B. F	ULL NAME OF (If not in hospital or institution, give street address or	MARY LAND CIT	7
	TITUTION 104 S. Gilmon ST location)	C. CITY OR TOWN (If outside corporate limit	s, write RURAL and give
0.1	0	BALTIMORE	17-04
	Yrs. Mos.	o, STREET ADDRESS (If rural, give location)	
5.5	ength of stay in Baltimore  EX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years)	Under 1 Year   If Under 24 Hours
M	ALE White WIJOWED (Specify)	December 11 last birthday) Mo	nths Days Hours Min.
	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	PAINTER ISELF EMPLOYED	Tennesse	USA
13.	Milton Hood	14. MOTHER'S MAIDEN NAME  DNA LOVE	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	DDRESS
(1 ca, 1	(If yes, give war or dates of service) SECURITY NO.		1045 61/MUC
	18. /63 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1+1-00+0	DURC
	(This does not mean the mode of dying, e.g., (A)	nier of the left they	27/13
	injury or complication which caused death.) DUE TO SITE	+ Type unknown	
_	ANTECEDENT CAUSES		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
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RTII	OTHER SIGNIFICANT CONDITIONS CON-	the product degeneral	9
CE	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	whin (artenoscentic)	3 months
	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
CA -			YES NO
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., to about home, farm, factory, etreet, office bldg.,		give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
	m.   work   AT WORK		
	deceased alive on MARG 22, 1950, and that death occur	, 10	
		23B. ADDRESS	23c. DATE SIGNED
	Meling M. Briden M.O.	2030 W Jayere 1	2/24/20
740 TJO	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town,	or county) (State)
DA	TE RECEIVED BY I REGISTRAR'S SIGNATURE.	Vain Jaco M	ADDRESS
	AR 28 150 REGISTRAR'S SIGNATURE	Suo Margar & 15/2/4	olling of
	VS 150		1/2 >
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THE WALL OF			

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### CALTIMORE CITY HEALTH DEPARTMENT

50 2876

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 26, 1950 Lanas 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or INSTITUTION Selies Side location) (If outside corporate limits, write RURAL and give C CIT township) Q4.00 Naller Yrs. D. STREET ADDRESS (If rural, give location Mos. My - Days ength of stay in Baltimore 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) 6. COLOR OR RACE It Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours Min. 10A, USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY per Maureker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chartene Wagner 15. WAS DECEASED EVER IN U. S. RMED FORCES? (Yes, no or unknown) (If yes, give wa or dates of service) 17. INFORMANT Sides Sque Klass ADDRESS 16. SOCIAL SECURITY NO Valley de we INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Jan 10 -1950 to Mch 26 . 1900, that I last saw the deceased alive on Mch 25, 195/ and that death occurred at 3 A.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED may 26 - 1930 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

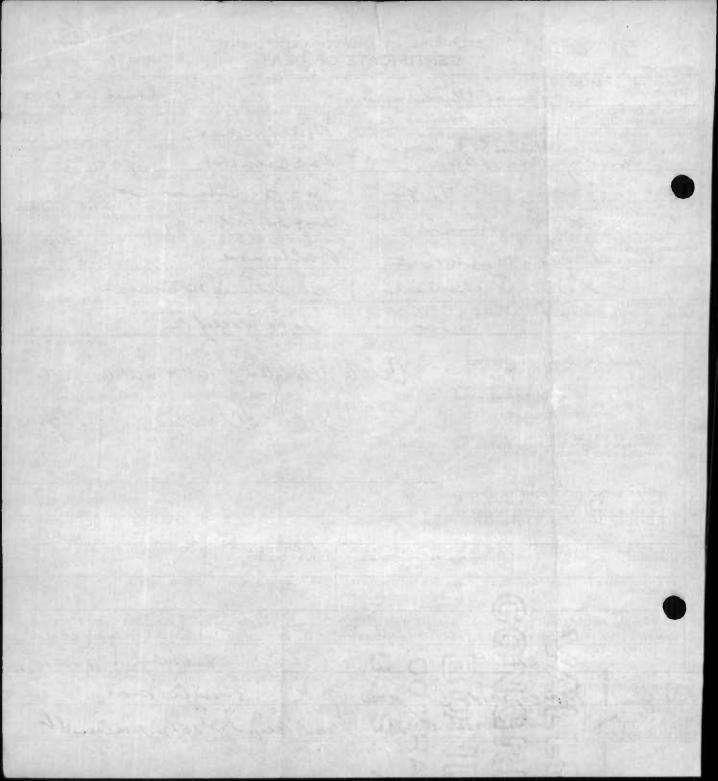
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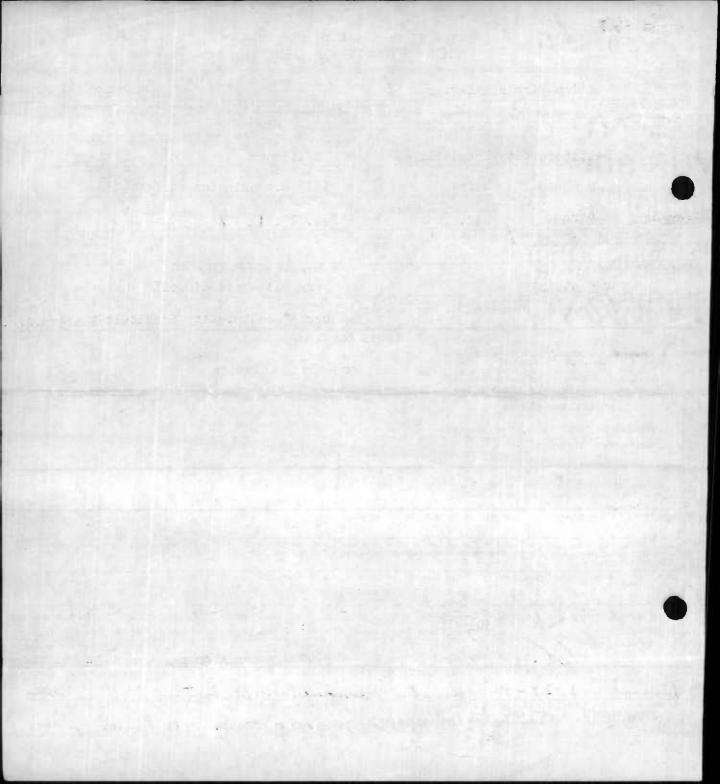
ADDRESS



50 2877

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	IRTH NO.	0 2011		CERTIFICAT	E OF DEATH	Registere	d No.
1.	NAME OF D	Alice Virg	inia Ca	rter		2. DATE OF DEATH 3-	-2 <i>µ</i> -50
A.	3. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESIDENCE (V	I DEATH	. If institution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Baltimore City Hospitals				location)		f outside corporate li	mits, write RURAL and give
	ength of s	tay in Baltimore	Life	Yrs. Mos. Days	o. STREET ADDRESS (If 1213 W. Lexing		
F	emale	6. COLOR OR RACE Negro	Wid.	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 28, 1887	9. AGE (in years last birthday)	Months Days Hours Min.
1 C wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
	Ge	orge Atkins			Mary Elizabeth	Kidwell	
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records* Balto.		ADDRESS 4940
CERTIFICATION	DISEASE RISE TO T UNDERLY  OTHER S TRIBUTING	LEADING TO DEAT s not mean the mode of the strength of the strength of the strength of the strength of the open the strength of the str	of dying, e. g ins the disease aused death ses ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE	(B)	oronary Occlusion  7 Carcinoma of Live		
	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	CAUSE OF  21D. TIME OF INJURY  I hereb deceased a	(Month) (Day) (Year)  y certify that Latt  live on	(Hour) m.	CE OF INJURY (e.g., i arm, factory, etreet, office bldg., 21 E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  deceased from  and that death occur	ED 21F. HOW DID INJURY	y occur?  -24 , 19  the causes and or	y, give exact location)  5, that I last saw the the date stated above
	23A. SIGNA	TURE S.	Non	en M.O.	4940 Eastern A		3- 25- 1950
D	ATE RECEIVE	D BY   REGISTRAR	56	arbutus Me	RY OR CREMATORY 240. L	butus	
=	MAR 28	1950 Hims	ington	Williams M.	wmgagarking	- 916 Per	ma are



-350 2878

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2878 Registered No.

BIRTH NO.	
1. NAME OF DECEASED TOSEPH G KATZ	2. DATE OF 3-27-50
	CE (Where deceased lived, If institution; residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. CITY OF TOWN	(If outside corporate limits, write RURAL and gi-
ength of stay in Baltimore 67 Mos Days 3805	(If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (in years of Under 1 Year lander 24 Hours Months: Days Hours Mir
10A, USUAL OCCUPATION (Give kind of working to even If retired)  10B. KIND OF BUSINESS OR III. BIRTHPLACE (State work for education of working to even If retired)	e or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14 MOTHER'S MAIDE	EN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	hector 3805 Delle ave
18. / ) 7 X 1 CAUSE OF DEATH	INTERVAL BETWEE
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO VQ SCULA	LR Disease
ANTECEDENT CAUSES  Z  O  DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
E CORCINOMA OI	F PROSTATE GYRS
OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED O TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	TATE   20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID IN	JURY OCCUR?
OF INJURY  m. WHILE AT NOT WHILE AT WORK	
	o Mar 2), 19 50 hat I last saw the om the causes and on the date stated abov
23A. SIGNATURE 23B. ADDRESS	Law P) 23c. DATE SIGNED 3/2F/50
	4D. LOCATION (City) wwn, or county) (State)
DATE RECEIVED BY   REGISTRAR'S SIGNATURE   15. FUNERAL DIRECTOR   15	TOR DE ZIOO ENTENDE
VS 150	518

Harris Carlos 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2879 Registered No.

 DOM:	110	

1. (Ty	NAME OF DE	CEASED	6 km	H.	D	UNGAN	/	2. DATE OF DEATH	3-25	-50
Α.		ty, Maryland				4. USUAL RESIDE	NCE (W	nere deceased live	d. If institu	tion : residence before admission)
	FULL NAME O	F (If not in h	nospital or institut	ion, give street	address or location)	c. CITY OR TOWN	V Geo	2)_ L	-0	DVDAY
O INS	STITUTION	726 E.	FORT	AU	5	BALI		RE	nmits, write	RURAL and give township)
a				50	Yrs.	o. STREET ADDRE	1	ural, e location	n)	
-6	A STATE OF THE PARTY OF THE PAR	ay in Baltimo		20	Days	8. DATE OF BIRTH	6.	1	AU	<i>E</i> ,
5.	M	W	WIDOW	E. MARRIED. PED, DIVORCE	D (Specify)	1-7-18	74	9. AGE (In year last birthday	Months I	Year If Under 24 Hours Days Hours Min.
10/ work	done during most of	UPATION (Give)	kind of 10B. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (S	tate or for	eign country)		ITIZEN OF
	BUTTER					Ghi	0	-1		USA
13.	FATHER'S NA		1			14. MOTHER'S MAI	DEN NA	0 .		
15		NOWA	/			LOIA	4	SROOK.	1	
(Yes.	no or unknown)	EVER IN U.S. A	or dates of service)	16. SOCIAL SECURI	TY NO.	17. INFORMANT		-1	ADDRES	ss LL
	10	,		2/2-10	110	MARYER	10/	Ochmin	cke 1	TERVAL BETWEEN
	18. 477		ON DIE		CAUSE	OF DEATH				SET AND DEATH
	1	LEADING TO	ON DIRECTLY		201	2 in Soler	1te	,		la 1950.
	heart failure	, asthenia, etc. I	ode of dying, e. g t means the disease ich caused death	e,			A	Dinest	3	07.
				.) OUE TO	and	w/s and	- 6			
7	^	NTECEDENT (	CAUSES	(B)						
TIOIT	DISEASES	OR CONDITION	NS, IF ANY, GIVIN	IG		***************************************	***************	•••••••••		
A	UNDERLYI	NG CONDITIO	N LAST.		•••••					
FICA										• • • • • • • • • • • • • • • • • • • •
ERTI			ONDITIONS CON						Up A	
S.			BUT NOT RELATE							
	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS	OF OPER	ATION			1 2	O. AUTOPSY?
Y -										res No
MEDICAL		NT WAS UNDE CONTRIBUTIN EATH		ACE OF INJUI	RY (e. g., in Loffice bldg., e	to.) 21c. WHERE DI	ID (If	in Baltimore C	ity, give ex	act location)
2	210. TIME (MO)	Ionth) (Day) (	Year) (Hour)	21E. INJURY	OCCURRI	D 2 1F. HOW DID	INJURY	OCCUR?		
			m.	WHILE AT	NOT WHILE	7	20	1 - 1 - 1		
	I hereby	certify that	I attended the	deceased fr	om e	Gr. 195	to_	441	35 tha	t I last saw the
ш	deceased alin	ve on Mas	24, 1920	and that dec	ath occur	red at 4 Jun.,	from th			e stated above.
	23A. SIGNATU	JRE O	61.		2	3B. ADDRESS	1 10 0	-5-/	230	DATE SIGNED
24	a BUBIAL CO	PMA- 248. DA	Muso	OAS NAME OF	м. о.	RY OR CREMATORY	W321	7 7 10:11	2	72//) (State)
TIO	A. BURIAL, CS	ecify)	18-17	24C. NAME OF	CEMETE	RY OR CREMATORY	240. LU	CATION (City, 1	Own, or con	nty) (State)
DA	TE RECEIVED	BY   REGIST	RAR'S (SIGNATU	IRE CEST	42	25 FUNERAL DIRE	CTOR	7. 176;	ADD	RESS
	CAL REGISTR			Well: Com	No wes	of land	11:11	1 100	PY	1/
= 1111	11/8/W	0		- mount	117	March 16	July	1301	£ 701	I UL.
	VS 150		And the same	Total Park	M. H. C.				9:	3 1)

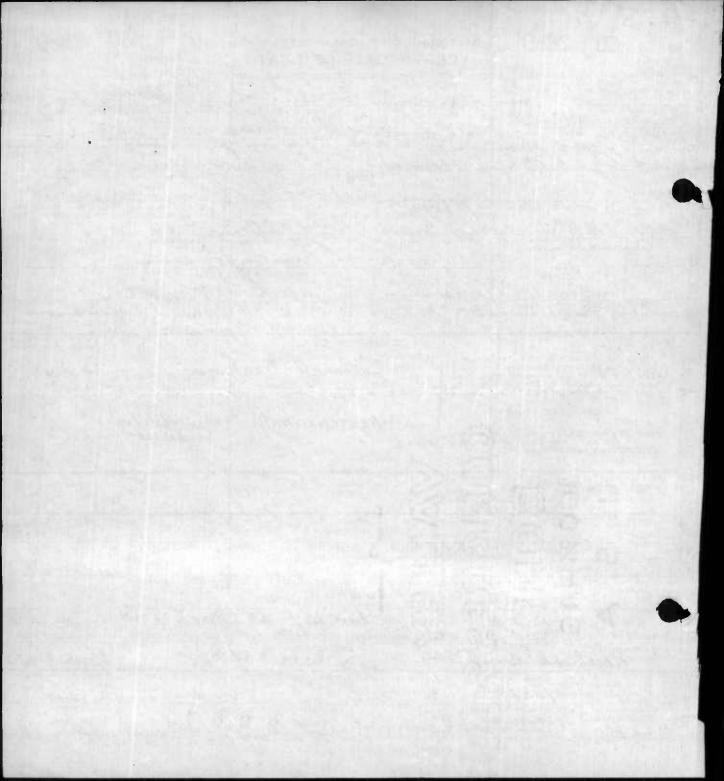
N 15 E Value H. DOWERD + 22 With the years solve 4 100 126 En firett Wiles - F - F 1 - 2 - 3 - 3 3334 4 Charles Comments Carlo Distriction of the Control of ----DUCKEL TO STORY CENTER HALL IN A STORY The state of the s

# 50 2880 BALTIMORE CITY HEALTH DEPARTMENT

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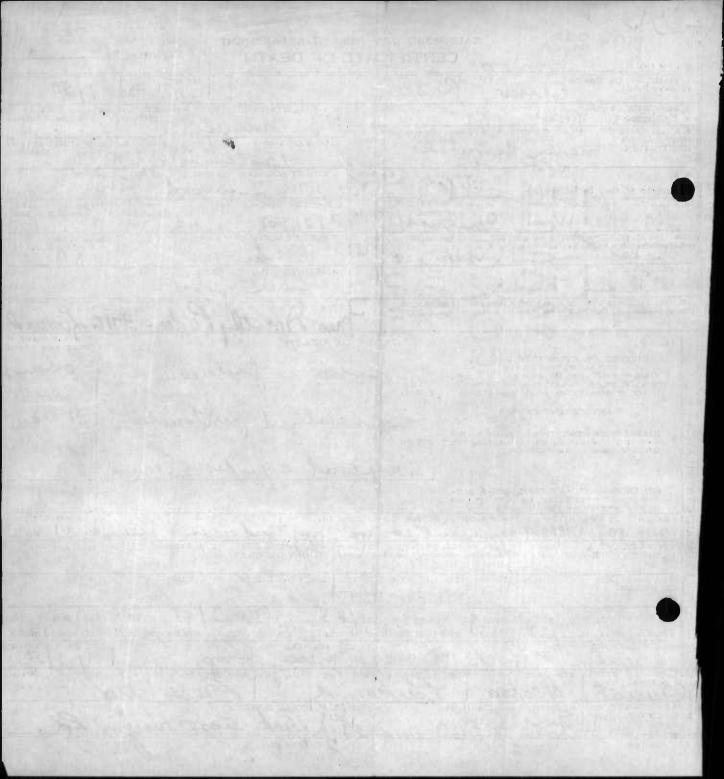
BIRTH NO.  1. NAME OF DECEASED/	CERTIFICATI	E OF DEATH	Registered No	0
(Type or Print) William	Silvester (	Eckenrode	2. DATE Marc	ly 24,
a. Baltimore City, Maryland . L.  B. FULL NAME OF (If not in hospital or inst	titution, give street address or	4. USUAL RESIDENCE (	Where deceased lived. If in	nstitution: residence before admission)
and aged Menis	end location)	C. ST. SK. ISW.	Coutside corporate limits,	write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos. Days		Lington	Street
Male Whote It	IGLE, MARRIED, DOWED, DIVORCED (Specify)	Nov. 23, 1863	last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	loanie	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Co. E.	chenrode	Mancy J.	Keckle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service	S?   16. SOCIAL SECURITY NO.	17. INFORMANT / 9.	HRead Supe	DRESSTER dent
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused death of the complex	e. g., (A) CON (B) CON (B) CON (B) CON (B)	onany Occlus	sion	INTERVAL BETWEEN ONSET AND DEATH 2 days
	- (0)	***************************************		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	LATED			
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MA.	LATED			20. AUTOPSY?
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About he	LATED NG IT.	in or   21c. WHERE DID (	If in Baltimore City, gi	YES NO
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about he CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE OF INJURY (e.g., i ome, farm, factory, street, office bldg.,  21e, INJURY OCCURR  WHILE AT NOT WHILE	in or 21c. WHERE DID (ob.) INJURY OCCUR?		YES NO
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about he CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  Thereby certify that I attended deceased alive on Machine 1936	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  the deceased from	in or 21c. WHERE DID (obc.) INJURY OCCUR?  21f. HOW DID INJUR  223	Y OCCUR?	ve exact location)  that I last saw the
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About he CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  . I hereby certify that I attended deceased alive on Marky 1926  23A. SIGNATURE	PLACE OF INJURY (e.g., i ome, farm, factory, atreet, office bldg.,  21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK  the deceased from May and that death occur  M. D.	21c. WHERE DID (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Nuch 26, 1955 the causes and on th	ve exact location)  that I last saw the date stated above.  23c. DATE SIGNED
TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  I hereby certify that I attended deceased alive on Many 193  23A. SIGNATURE  24B. BURIAL (CREMA: 24B. DATE	PLACE OF INJURY (e.g., ome, farm, factory, street, office bldg.,  21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK  the deceased from Man , and that death occur  M. D.  24C. NAME OF CEMETE	21c. WHERE DID (NUMERO DID INJURY OCCUR?)  21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  23f. ADDRESS  4-2-334  24d. 1	Y OCCUR?  Multiple 26, 1956  the causes and on the Course of City, town,	ve exact location)  that I last saw the date stated above.  23c. DATE SIGNED
TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN  19A. DATE OF OPERATION 19B. MA.  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  I hereby certify that I attended deceased alive on Mach 1996 23A. SIGNATURE  24A. BURIAL, CREMA-1 24B. DATE	PLACE OF INJURY (e.g., tome, farm, factory, street, office bldg.,  21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK  the deceased from Man , and that death occur  24c. NAME OF CEMETE  NATURE	21c. WHERE DID (NUMERO DID INJURY OCCUR?)  21f. HOW DID INJURY  21f. HOW DID INJURY  21f. HOW DID INJURY  23f. ADDRESS  4-2-334  24d. 1	Nuch 26, 1955 the causes and on th	ve exact location)  that I last saw the date stated above.  23c. DATE SIGNED



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	50	2881
BIRTH N	0	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Elmer Rader	2. DATE OF DEATH 3 2 7 50
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  WELL HOSPITAL  Yrs.  Mos.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore  Days  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hours
10A. USUAL OCCUPATION (Givekiod of work done during post of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ma. USA
William Rader	Marie Gohr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nokoown) (If yee, give war or dates of service)  SECURITY NO.	17. INFOMANT P ADDRESS P .
	Mes Donathy ader- alle dimensor
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH  onset and DEATH  description  description  of DEATH  onset and DEATH  description
ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	revoliged peritonités 9 day
OTHER SIGNIFICANT CONDITIONS CON.	used appendix + cecum
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR	e nystured cecum + Herm YES NO
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	123 ,1950, to 3   27 , 1950, that I last saw the
I hereby certify that I attended the deceased from 3, deceased alive on 3, 12,7, 19,50, and that death occur	rred at & A. m., from the causes and on the date stated above,
Senter Lock MD M.D.	238, ADDRESS LOSP. 23c. DATE SIGNED 3/27/50
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETICAL (Specify) 3/30/50 ALKEN	
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 2 8 1950	25. FUNERAL DIRECTOR ADDRESS LUCK - 5305 Har And Pol.
VS 150	2889



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#### BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.			CERTIFICAT	TE OF DEATH	Registered N	0	
1	. NAME OF D Type or Print)	ECEASED (25	0667	- Velker		2. DATE OF Marcs	(27.1950	
A.		City, Maryland	Spiris.	, y y i i i	4. USUAL RESIDENCE		Stitution: residence before admission	
H	FULL NAME OSPITAL OR NETITUTION		pital or institut	lion, give street address of location		If outside corporate limits	, write RURAL and give	
-	horen	Home +	110501	Yrs.	D. STREET ADDRESS (	If rural, give location)	3 4	
	ength of s	tay in Baltimore		78 Mon.		ederal St	•	
5	M	6. COLOR OR RAC		E, MARRIED, VED, DIVORCED (Specif	by) BDATE OF BIRTH		Under 1 Year H Under 24 Hours this Days Hours Min.	
1 (	OA. USUAL OC	CUPATION (Give kins of working life, even if retin	of 108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
-	3. FATHER'S	red	Sheet	Helal	Daltimor	e, Md.	0.5.	
	11/	1510s Vei	Iken		14. MOTHER'S MAIDEN	Berdenal		
15 (X)	5. WAS DECEAS	ED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS //	
				SECONTT NO.	D. Loc 1/2	ner Churchi	tomeattos pil	
19	18. 420				OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Kart Failure Constructs Principles							
B	heart failt	re, asthenia, etc. It is complication which		35				
		ANTECEDENT CA	all a	111.				
NO		S OR CONDITIONS			mac years	3	Tay.	
AT	UNDERL	THE ABOVE CAUSE YING CONDITION	A) STATING T	HE DUE TO		4 n		
RTIFICATION		11		(c) Africe	moderated plea	A Deserre	4 yours	
ERT		SIGNIFICANT CON						
Ü	TO THE E	DISEASE OR CONDIT	ON CAUSING		FRATION		20. AUTOPSY?	
AL		2					YES NO	
EDICA		(Specify)	21B. PL. about bome,	ACE OF INJURY (e. g. farm, factory, atreet, office bldg	g, etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)	
Σ	21b. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCUR		RY OCCUR?		
	0		m.	WORK NOT WHILE AT WORK		De. 1 50		
ı	I hereb	y certify that I	attended the	deccased from	urred at 2:00 Am., from	Mer. 17, 1950	that I last saw th	
ı	28A SIGNA		1, 10,	and that death occ	23B. ADDRESS	1 the causes and on th	23c. DATE SIGNED	
	BURIAL,		nean	M. D.	CRY OR CREMATORY   24b.	LOCATION (City, town,	3/27/50 or (State)	
Y	REMOVAL (S	Specify) 33	olso	JAD.	Concentration 246.	Balt	(State)	
	DATE RECEIVE		R'S SIGNATI	URE	25 FUNERAL DIRECTOR		ADDRESS	
	MAR 281	350 tuntin	大大 人	Eugare 1	12. 4. Duch	5305 No	a Lord Rd	

Charles and the state of the second second 

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or anjano HOSPITAL OR Alf oxiside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BARTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) last hirthday) Months: Days Hours: Min. land 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work done during most of working life, even if retired) COUNTR INDUSTRY mewo 13. FATHER'S NAME! 14. MOTHER'S MAIDEN NAME declo uno 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL 17. IN ORMANT (Yee, no of unknown) SECURITY NO 18. CAUSE OF INTERVAL BETWEEN 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or | about home, far m, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT NOT WHILE!

AT WORK WORK

deceased alive on 3 23A SIGNATURE

1950, to

I hereby certify that/I attended the deceased from 1950 that I last saw the 25 1950, and that death occurred at 2.m., from the causes and on the date stated above. 23B. ADDRESS

BURIAL, CAEMA-1/2/B. DATE

24C NAME OF CEMETERY OR CREMATOR)

DATE RECEIVED BY LOCAL REGISTRAR

25

20. AUTOPSY

23C. DATE SIGNED

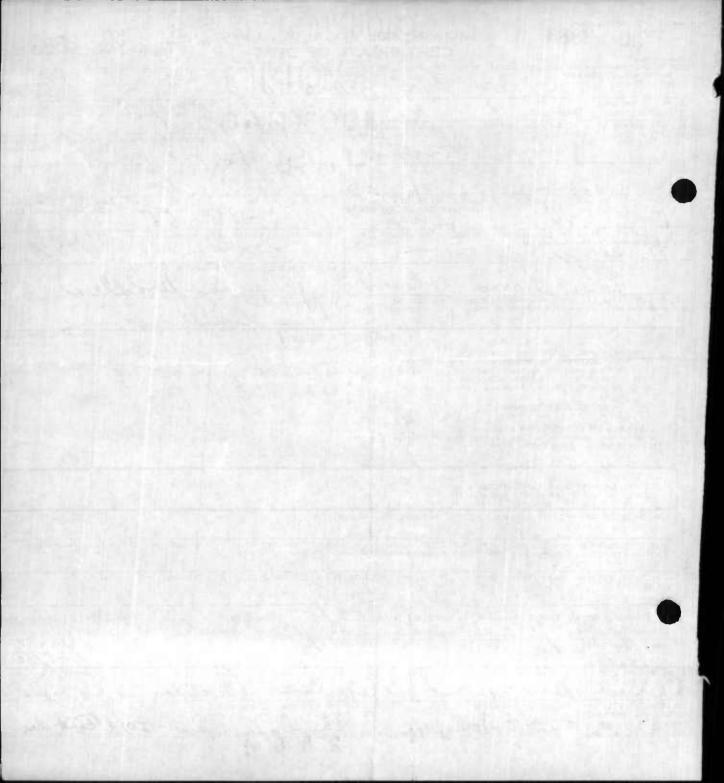
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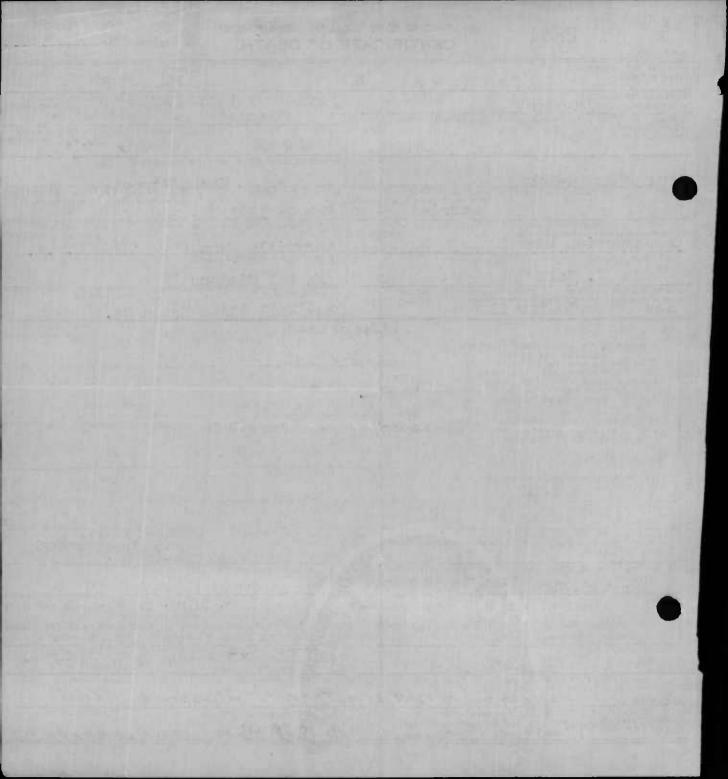
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2884

1.	NAME OF C						2. DATE			
	ype or Print)		'rederick	A Ha	11		OF DEATH	March		
Α.		City, Maryland			A. STA		B. COUNT			admission
HO	DSPITAL OR	OF ('f not in hospi	tal or institution,	give street address of location	11=	Maryland (	If outside corporate	limits, wri	te RURA	L and giv
IN	STITUTION	Beltimore	Gates II.	namital		Baltimore	7	6-6	59	township
			VIII	Yrs.	D. STRI	EET ADDRESS (I		on)	1	
	4	stay in Baltimore		Mos. Days		123 S. E	aton Str	eet.		
	SEX M	6. COLOR OR RACE		D. DIVORCED (Specify	Feb	TO TAST	aton Stronges   9. AGE (In year last birthday 29	Months	Pays H	Ours Min
rork	done during most	CUPATION (Give kind of working life, even if retired Ction Work		F BUSINESS OR INDUSTRY		THPLACE (State or VVILLE Te			WHAT C	OUNTRY
	FATHER'S	Α	0 -		14. MO	THER'S MAIDEN	NAME		11.5	Α.
		J. Hall			Me	rtel Simm	ons			
15 (Yes	. WAS DECEAS	ed ever in u. s. arme (If you, give war or dat World War	D FORCES? 1	6. SOCIAL SECURITY NO.		ORMANT		ADDRE	ESS	
	Yes	World War	11		Obey	Hall 423	S Eaton			
	18. E 8	14.4		CAUSE	OF DE	ATH				ND DEAT
		SE OR CONDITION LEADING TO DEA	TH	(A) Fractu	mad el	7177		1000		
	heart fail	s not mean the mode ure, asthenia, etc. It me complication which	ans the disease,	bjegov		ha Madha aithe ann an Aireann agus ann an Aireann agus ann an Aireann agus ann an Aireann an Aireann ann an Aireann an Ai		······		**************
		ANTECEDENT CAU	ndible				*************			
RTIFICATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	STATING THE	20040XSubar	achnoi	id hemorrha	ge			
임		11		(C)						
ERTI	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITIO	NOT RELATED	····						
0	19A. DATE	OF OPERATION	198. MAJOR FI	NDINGS OF OPE	RATION				20. AU	TOPSY?
CAL	21A. EXTER	NAL CAUSE WAS	21B. PLACE	OF INJURY (e. g.,	in or   21C.	WHERE DIO	(If in Baltimore (	City, give e	YES	NO Lation)
MEDIC	PRIMARY CAUSE OF	OR CONTRIBUTING [ DEATH.	St	rest		JRY occur? Favette an	d Crescent	lroad		
	OF INJURY	(Month) (Day) (Year th 26, 1950		INJURY OCCURR  LE AT NOT WHILE  AT WORK	Z T	hrown from	motorcycle	(12.0	( )	
	1 eerti	fy that I took cha	rge of the re-	mains described	above, he	eld an Insp.	& Ina.	the		and from
	and de	idence obtained by eath in my opinion	said Autops resulted from	y, Inspection or n: natural cause	Inquiry, s □, acc	find that said	, Inspection or Inq deceased died o e [], homicide	on the da	y state crmine	d = above
	23A. SIGNA	I . J. Me C	asperty	N	ASS	CHIEF MEDICAL ISTANT MEDICAL ICAL INVESTIGA	EXAMINER		te sig	
TIO	A. BURIAL.	CREMA: 248. DATE	/	NAME OF CEMETE	RY OR CR	EMATORY 240.	LOCATION (City,			(State)
1	BURIAL	MARCH.	7. 4	ELSON (FA			LLS VILLE		NN.	
LO	TE RECEIVE	REGISTRAR	S SIGNATURE	Buckling in	25. FUN	ERAL DIRECTOR	1 1000 =		PRESS	0 07
VS	151 At		A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO		Cap.	Ber Alam	1800 E	LOME	AR	D ST
, ,	N	· 803. V		988 V 9	1			170	1)	



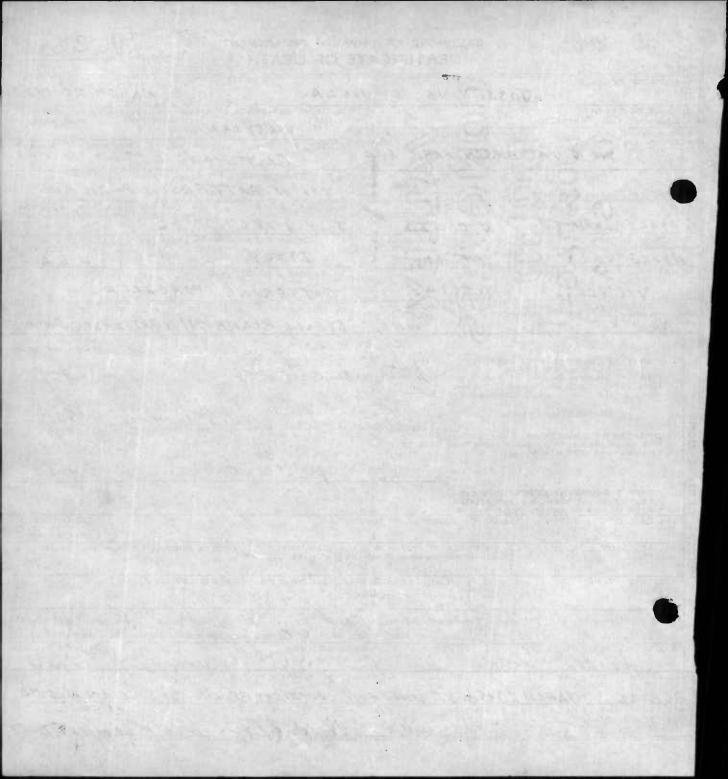
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

BIRTH NO.

I. NAME OF DECEASED

(T	ype or Print)	Jo	OSEPHINE C	VI	LLA	OF MARC	H 26 1930
Α.		City, Maryland			4. USUAL RESIDENCE (WASTATE	here deceased lived. If ins	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution, give street ad	dress or			14 10 77 10 4 20 1 1
IN		711 N. PATT	ERSON PARK A		C. CITY OR TOWN (If	outside corporate limits, v	orite RURAL and give township)
	ength of s	tay in Baltimore	79YRS	Yrs. Mos. Days	711 N PATT		RKAVE
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	12.20	8. DATE OF BIRTH	9. AGE (In year: It Un	der 1 Year   If Under 24 Hours
_	MALE	WHITE	WIDOWED, DIVORCED		JULY 4 1867	82	hs Days Hours Min.
worl	A. USUAL OC doneduring most	of working life, even if retired)	108. KIND OF BUSINESS	OR	11. BIRTHPLACE (State or fo	reign country) 12	WHAT COUNTRY?
	. FATHER'S		AT HOPTE		14. MOTHER'S MAIDEN NA	AME	V. S. A.
	NIC	HOLAS P	ORCELLA.	13	CATHERINE		,
15	. WAS DECEAS	D EVER IN U. S. ARMET	FORCES?   16. SOCIAL		17. INFORMANT		RESS
(10	No	(11 you, give war of date.	s of service) SECURITY  No N	100	STELLA KLANK	711 NPATTE	RSON PX AUE
	18. 42	00,	CA	USE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		0	1 11		11
	(This does	LEADING TO DEA's not mean the mode of	TH of dying, e. g., Settle	(au	diec Tailine	00444044	1 day
	heart failt	re, asthenia, etc. It mea	ins the disease,				
	111,023			01	. 1 1- 11	1/1)	
7		ANTECEDENT CAUS	SES	11/1	include Hear	1 / beare	154 s.
O		S OR CONDITIONS,		e Connecte	Wanter Stranger Weeks and Stranger	······································	
E	RISE TO S	THE ABOVE CAUSE (A)	STATING THE DUE TO		1 11	A	
IC/			Ge Ge	ner	leved Whey are	annis	5us.
Ë		11	(C)fi				-
ER		SIGNIFICANT COND			O		
U		ISEASE OR CONDITION			ATION		LOO AUTODOVA
7	ISA. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF	OPER.	ATION		20. AUTOPSY?
S	214 ACCIDI	ENT, SUICIDE,	218. PLACE OF INJURY	la a in	or 21c, WHERE DID ()	f in Baltimore City, giv	YES NO
MEDICA	HOMICIDE		about bome, farm, factory, street, or		(c.) INJURY OCCUR?	In Danistic Croy, grv	e cauco sociation,
2		(Month) (Day) (Year)	(Hour)   21E. INJURY O	CCURRE	D 21F. HOW DID INJURY	OCCUR?	
VIII.	OF INJURY			T WORK			
111					1. de 1 10 46 V	Me ch 21 10511	47-477-4
М					ach 1, 1944 to 1		
и	aeceasea a		_, 195_2. and that deat		red at G P. m., from t.	ne causes and on the	23c. DATE SIGNED
и	234.31314	2100 110	Jen,		24138 Ma	1 was Hox	3/27/50
2	AA. BURINE,	CREMA- 24B, DATE	24c. NAME of C	EMETE!	RY OR CREMATORY 24D. L.	OCATION (City, town, or	county) (State)
TIC	ON, REMOVAL	Specify)	the second secon				
-	BURIA C	PRY DECISTRARY	S SIGNATURE	EN	7 CEMPTERY BELY 25. FUNERAL DIRECTOR		ADDRESS
L	PEAL REGIST		- SIGNATURE		IN A A D AD		TOURESS
	WAR Z 8	1350 Thurstup	for fullyusell	0	Respections	1800 E 401	MBARD ST



legibly.

	RTH NO. 49-18645	CERTIFICAT	E OF DEATH	Registered No	~007			
1. (T	ype or Print)	Eyenen en 10.		2. DATE OF DEATH WANGE	5.1957			
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Who	ere deceased lived. If instituti	on: residence before admission			
В.		oital or institution, give street address or location)		drug drug	del			
		KINS HOSPITAL	S.P. C.	Par le limits, write	township			
	T 11 . C. (	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)				
	Length of stay in Baltimore SEX   6. COLOR OR RACE			9. AGE (In years) ( Under 1 Ye				
)-	Emal Coloned	WIDOWED DIVORCED (Specify)	Deht 3 1945	last birthday) Months D	ays Hours Min			
	A. USUAL OCCUPATION (Give kinds k done during most of working life, even if retires		11 BIRTHPLACE (State or fore		TIZEN OF			
13	3. FATHER'S NAME	mone	AMOTHER'S MAIDEN NAM					
	Radonat Sins		Samo Alda	Johnson				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARM s, no or onknown) (If yes, give war or da	ED FORCES?   16. SOCIAL (tes of service)   SECURITY NO.	17. INFORMANT	ADDRES	S			
		JECOKITI NO.	JOHNS HOPKINS	HUSPITAL				
	18. 340, 1 CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
Z	ANTECEDENT CAUSES							
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
1000								
1		(C)						
CERTIFICATION	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BU	DITIONS CON-						
O	OTHER SIGNIFICANT CON	DITIONS CON-		2:	O. AUTOPSY?			
O	OTHER SIGNIFICANT CONTRIBUTING TO THE DESEASE OR CONDITION  19a. DATE OF OPERATION	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER	RATION	2:	O. AUTOPSY?			
EDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DESEASE OR CONDITION	DITIONS CON- IT NOT RELATED ON CAUSING IT.	RATION in or   21c. WHERE DID (If	2   Y	O. AUTOPSY?			
O	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Yea	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bldg.,	RATION in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give exs	O. AUTOPSY?			
EDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY	in Baltimore City, give exa	O. AUTOPSY?			
EDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I am	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, street, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  ttended the deceased from 3	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY	in Baltimore City, give exa	O. AUTOPSY?  ES NO L  Let location)  I last saw th			
EDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I and deceased alive on	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,  ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  At WORK  ttended the deceased from 3	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  1950, to 3	in Baltimore City, give exaccour?	O. AUTOPSY?  ES NO  Let location)  I last saw the stated above			
EDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I am	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i sbout home, ferm, factory, street, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  Attended the deceased from.  21. 1950, and that death occur.	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY	in Baltimore City, give exaccour?	O. AUTOPSY?  ES NO L  Let location)  I last saw th			
MEDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I and deceased alive on 23A. SIGNATURE	DITIONS CON- IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, street, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  22 AT WORK  23 And that death occur.	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  1950, to 3	in Baltimore City, give exactions of the date of the d	O. AUTOPSY?  ES NO  Let location)  I last saw the stated above DATE SIGNED  MAY SO			
MEDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DEATH, BUTO THE DEATH, BUTO THE DEATH OF STATE OF OPERATION  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I and deceased alive on 23A. SIGNATURE  4A. BURIAL CREMA-ON REMOVAL (Specify)  AUTHOR OF INJURY	DITIONS CON. IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, street, office bldg.,  ar) (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  Attended the deceased from 3  24d. NAME OF CEMETE  29/30 Wallman.	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  EED 21f. HOW DID INJURY OF THE ACT	in Baltimore City, give exactions and on the date causes and on the date 23C.  CATION (City, town, or counter that the statement of the statem	I last saw the stated above DATE SIGNED			
MEDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DEATH, BUTO THE DEATH, BUTO THE DEATH, BUTO THE DEATH OF THE DEATH O	DITIONS CON. IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, atroct, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY 1950, to 3 rred at 355 p.m., from the 23b. ADDRESSIAN NUMBER 1950.	in Baltimore City, give exactions (City, town, or countries)	I last saw the stated above DATE SIGNED			
MEDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  2. I hereby certify that I and deceased alive on 23A. SIGNATURE  4A. BURIAL, CREMANON, REMOVAL (Specify)  ATE RECEIVED BY REGISTRAL	DITIONS CON. IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, atroct, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  EED 21f. HOW DID INJURY OF THE ACT	in Baltimore City, give exactions and on the date causes and on the date 23C.  CATION (City, town, or counter that the statement of the statem	I last saw the stated above DATE SIGNED			
MEDICAL C	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I and deceased alive on 23A. SIGNATURE  4A. BURIAL, CREMA-ON ZEMOVAL TEPECTY  ATE RECEIVED BY OCAL REGISTRAN  MAR 2815	DITIONS CON. IT NOT RELATED ON CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, ferm, factory, atroct, office bldg., ar) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE  240. NAME OF CEMETE	RATION  in or 21c. WHERE DID (If etc.) INJURY OCCUR?  EED 21f. HOW DID INJURY OF THE ACT	in Baltimore City, give exactions and on the date causes and on the date 23C.  CATION (City, town, or counter that the statement of the statem	I la DA			

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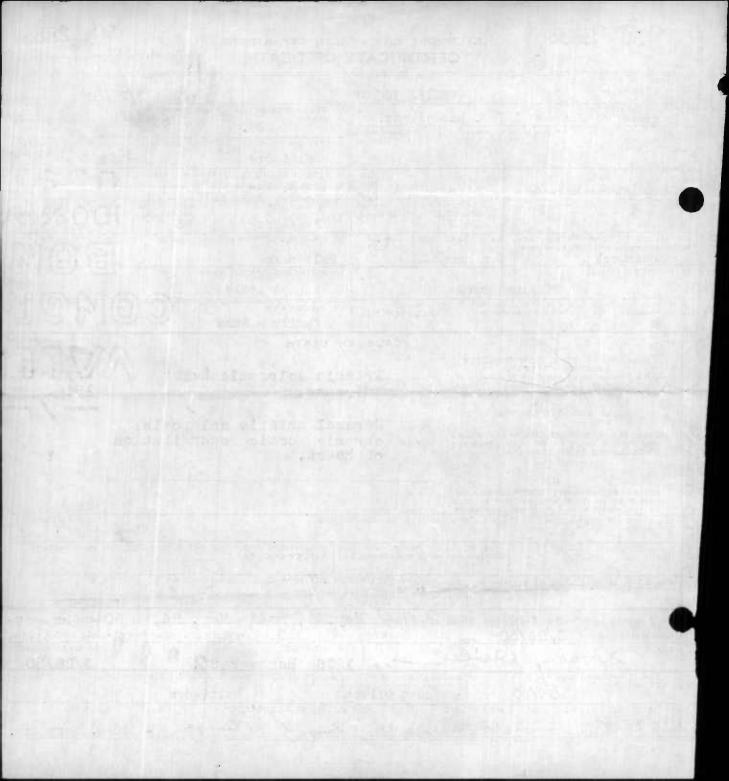
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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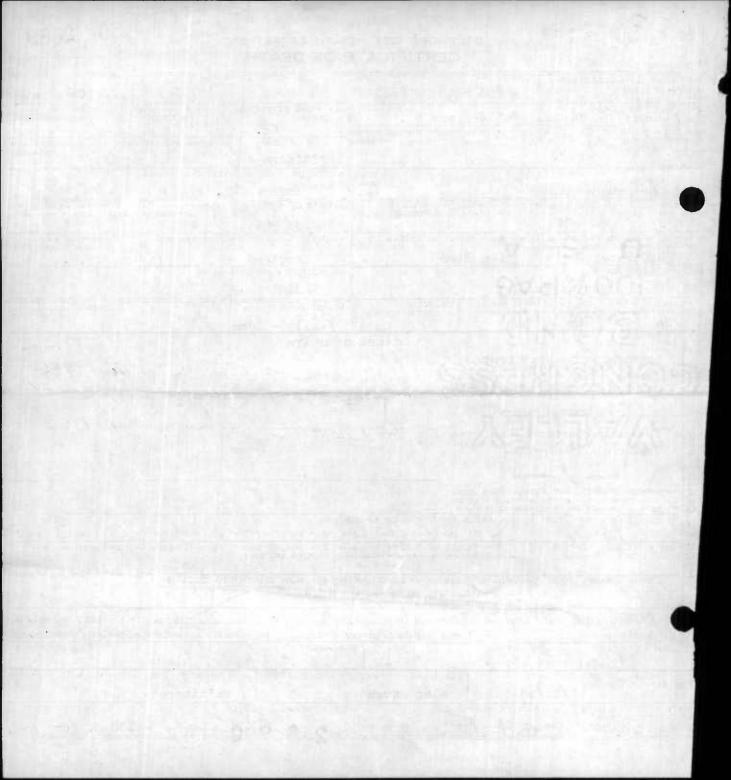
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BIRTH NO					I	*				
I. NAME (Type or P	OF DECEAS	ED	J	EMEINA YOUNGI	CR CR	546	2. DATE OF DEATH 3	/26/5	50	
A. Baltim				andall St.	4. USUAL RESID	ENCE (W)	/		itution	: residence ore admissi
B. FULL N HOSPITAL INSTITUT	OR	(If not in hospite	al or institutio	on, give street address o location		(If o	utside corporate li Z	mits, v	rite RU	RAL and a townsh
Length	n of stay in	Baltimore	Lif	Yrs. Mos. Days	D. STREET ADDR 127 E. Rs			)		
SEX F	6. CO	W RACE	WIDOW	. MARRIED, ED, DIVORCED (Specify W	8. DATE OF BIRT		9. AGE (In years last birthday) 85	Months	l Yest Days	If Under 24 H Hours M
vork done duris	AL OCCUPAT agmost of working ISEWORK	ION (Give kind of slife, evon if retired)	Own Ho	OF BUSINESS OR INDUSTRY	Baltimore	State or for	eign country)	12.	CITIZ	EN OF
13. FATHE	ER'S NAME	Willia	m Brook		Rachael h		ME			
15. WAS DE	ECEASED EVER	IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family -	Same		ADDF	RESS	
NO DIS RISI UN	is does not m rt failure, asth rry or compli  ANTEC SEASES OR C E TO THE ABC DERLYING C	ns the discase aused death.  BES  F ANY, GIVIN STATING TH	erio scler sease. eral arter onic aorti heart.	io sc	lerosis;	on	194	7 24 tl		
U TO	BUTING TO THE DISEASE	ICANT CONDI TE DEATH, BUT OR CONDITION	NOT RELATE	D						
4	ATE OF OPE			FINDINGS OF OPE					20. / YES	AUTOPSY No
21A. A HOMIC	CCIDENT, SI CIDE (Spec	DICIDE.	21B. PLA about home, fa	CE OF INJURY (e. g., rm, factory, street, office bldg.	in or 21c. WHERE I etc.) INJURY OCCL	OID (If	in Baltimore Cit	y, give	exact	location)
21D. T OF IN.		(Day) (Year)	w	HILE AT NOT WHILE WORK AT WORK		INJURY	OCCUR?			
decea	hereby cert sed alive on	3/26/5	ended the co	deceased from Nand that death occu	rred at P.m.	4 to Ma	r. 26, , 19 e causes and or	n the d	late st	last saw tated abo
24A. BUR TION, REMO	RIAL, CREMA- OVAL (Specify)	3/29/50		4c. NAME OF CEMET	RY OR CREMATORY	240. LO	CATION (City, to	wn, or c	ounty)	
	CEIVED BY EGISTRAR	REGISTRAR	s SIGNATU	RE M.	26. FUNERAL DIF	RECTOR			DRES	s ort sa



#### BALTIMORE CITY HEALTH DEPARTMENT

6	7-450	2889	ВА	LTIMORE CITY HI			Register	50	2889
	RTH NO.			CERTIFICAT	E OF DEAT	П	register	Cu 210,	
	NAME OF D ype or Print)		AGNES I	HELEN MORRIS			2. DATE OF DEATH	3/26/	50
	PLACE OF D Baltimore (		307 Jef	fery St.	4. USUAL RESID	ENCE (W			ution: residence before admission
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)	c. CITY OR TOWN			1224	te RURAL and give
IN	STITUTION				Baltimore		2 5	5-0	township
	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDR	ESS (lfr	ural, give location	n)	
9	SEX	6.COLOR OR RACE		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	al .	9. AGE (In year		Year   If Under 24 Hours Days   Hours: Min.
	F	W		M (Specify)	10/18/1903	3	46	Months	Days Hours, Mill.
10 ork	A. USUAL OC doneduring most Housew	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY			reign country)		CITIZEN OF WHAT COUNTRY
Housework   Own Home					Maryland U.S.				
		icholas Puss			Lula	?			
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRI	ESS
	No				Family - S	Same			
	18. 15.	3 × 1		CAUSE	OF DEATH				NTERVAL BETWEEN
		SE OR CONDITION	TH	1/22.	- d.	. +	- Metas	++-	1946
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disea	ise,	appres / u	u w		MARC	1119
	injury or complication which caused death.) DUE TO Cane				in one of	den	ng		
z		ANTECEDENT CAUSES				Duses	inclame a	Has	1943
NOITE	RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							Aufuk ule u
FIC				(C)					
CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	TED					
ار				FINDINGS OF OPER	RATION	2	11		20. AUTOPSY?
S	214 ACCIDI	947 (	as of	ACE OF INJURY (e. g., i	em -	mue.	red	***************************************	YES NO
MEDICA	HOMICIDE	(Specify)		farm, factory, street, nffice bldg.,			in Baltimore C	ity, give e	exact location)
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK			,		
	2. I hereb	y certify that I att		e deceased from		_, to	1-4,1	19 0, the	at I last saw th
	deceased al		, 1950.	and that death, occur	rred atm.	, from th	e causes and		ite stated above
	ZJA. SIGNA	Mars Lu	lun.	м. р.	320 Vuy	lange	o auc	. 23	C. DATE SIGNED
24	A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE		240. LC	CATION (City, 1	town, or co	unty) (State)
110	B	3/28/50		Glen Haven		Ba:	ltimore		
	TE RECEIVE	RAR	SSIGNAT	URE	25. FUNERAL DIR	FOTOR			DRESS
	MAR 28	1334 Hantie	town /	this way M. D. I	gazing To	lighte	uly -	130 E	. Fort Ave.
	VS 150		0	(	/	. 4		1	46 F
					/				100



245	CERTIFIC	ATT COMEDILD _3	/30/50		
BIRTH NO.	2890	BALTIMORE CITY HE CERTIFICAT	E OF DEATH	Registered No	2890
1. NAME OF D (Type or Print)	ECEASED	ES STEETING	her ACHER	2. DATE 3/2	5/50
3. PLACE OF D			4. USUAL RESIDENCE (V		stitution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospi	tal or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and giv township
Length of/s	tay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If		Brooklyn
SEX M	6. COLOR OR RACE	7. SINGLE, WARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	19. AGE (In years Hu	der 1 Year H Ender 24 Hours hs Days Hours Min.
10A. USUAL OC work done during most of	CUPATION (Give kind of Eworking life, even if retired Opera-loc	10/	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S	AMA		14 MOTHER'S MAIDEN N		
15. WAS DECEASE (Yes, wo or onknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Jame ADE	DRESS
(This does heart failu injury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which  ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A IVING CONDITION L	of dying, e.g., (A)	perfenser	a certain V	Conset and deat
OTHER S TRIBUTING TO THE D	II IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	OITIONS CON- NOT RELATED N CAUSING IT.			
19A. DATE O	FOPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
HOMICIDE	NT. SUICIDE. (Specify)	218. PLACE OF INJURY (e. g., is about bome, farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
21D. TIME OF INJURY	Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
22. I hereb deceased al	ive on 5/73	tended the deceased from	195,90	he causes and on the	that I last saw th date stated above 23c. DATE SIGNED
24A. BURIAL, C		24c. NAME OF CEMETE	11 . /	OCATION (City, town, or	,
DATE RECEIVE LOCAL REGIST	DAD	S SIGNATURE	2 . FUNERAL DIRECTOR	Cuel !	DDRESS
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SITSKORN BALTIMORE CITY HEALTH DEPARTMENT

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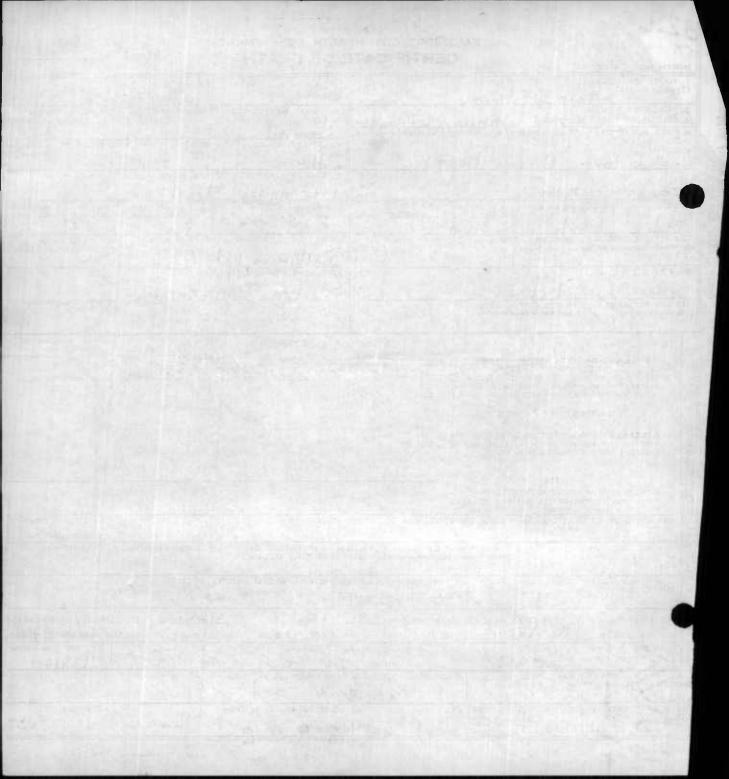
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	NO. 50	5-03314		CERTIFICAT	E OF DEATH	Register	ed No.
	AME OF D	ECEASED				2. DATE	1 1
	pe or Print)	Arthur Sits	Korn			DEATH 3	126/50
	PLACE OF D	City, Maryland Bo	1.1	Na 1 1	4. USUAL RESIDENCE	E (Where deceased live B. COUNT	d. If institution : residence y before admission
	FULL NAME			tion, give street address or		B. COUNT	r before admission
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and gi
S	outh Bal	timore Gener	al Hos	pital	Baltimore	4	township
4	3			Yrs.	D. STREET ADDRESS	(If rural, give location	n)
	Length of s	tay in Baltimore		Mos. Days	1448 Andre	Street	
	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	s It Under 1 Year If Under 24 Hou Months Days Hours Mir
	Male	White	Sin		7-6-195	0	1 42
TC wor!	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
					Baltimore 1	Md.	WILLIAM COOKIN
13	B. FATHER'S	NAME			14. MOTHER'S MAIDE	EN NAME	
1	17thur 1	W. SitsKo	rn		Evelyn 4	Shitchurst	
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date:	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
`				SECONTI NO.			
	18. 7 (	20		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	SE OR CONDITION	DIRECTLY	0	/	-11.	ONSET AND DEAT
	(This does	LEADING TO DEAT	f dving, e.	e. (a) Con	gental (	atelectas	263
	heart failt	are, asthenia, etc. It mea	ns the diseas	se,			***************************************
				., 202.10			
z		ANTECEDENT CAUS	ES	(B)			
TION		S OR CONDITIONS, HE ABOVE CAUSE (A)		NG	***************************************	***************************************	***************************************
.AT		YING CONDITION LA		HE DUE TO			
ERTIFICA							
E	OTHER	11		(C)			
	TRIBUTING	SIGNIFICANT CONDI	NOT RELAT	ED .			
O		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES NO T
EDICAL		ENT, SUICIDE.		ACE OF INJURY (e. g., i		(If in Baltimore C	ity, give exact location)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	777	1.0 17 17 11	m.	WORK AT WORK	31.150 10	2121120	0 17 17 1 1
		live on 31265					9, that I last saw th
	23A. SIGNA	//	, 19		3B. ADDRESS	om the causes and	on the date stated abov
	7	1. Jan	w	M. D.	As hall	Sa Klay	? 3/27/50
2	AA BURIAL	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY   2	4D. LOCATION City, t	own, or county) (State
1	KEMOVAS (S	3-29-	50	(EGAN)	fish	Asalta.	
D	ATE RECEIVE	D BY   REGISTRAR	SIGNATU	JRE	25. FUNERAL DIRECT	TOR	ADDRESS

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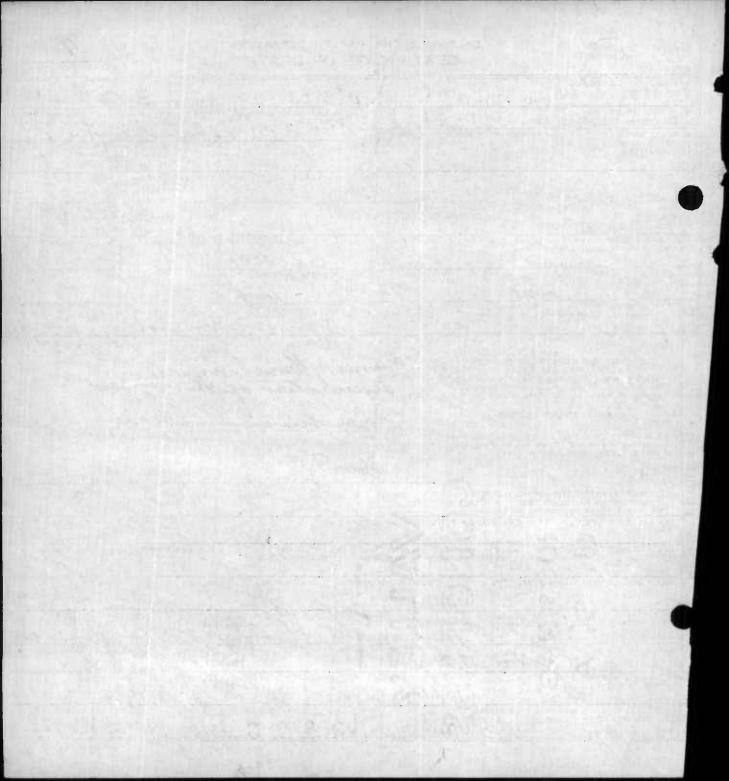
es or leath clearly and legibly.

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J. PAVIEROS Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENDE Where deceased lived. If institution: residence A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR (If stside (propage limits, write RURAL and give C. CITY OR TOWN township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE If Under I Year 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours: Min. 10K. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? reece Housewich 13. FATHER'S NAME 14. MOTHER'S MAIDENNAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NISET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 2. I hereby certify that I attended the deceased from that I last saw the deceased alive on\_ 19.06 , and that death occurred at. on the date stated above. 23A. SIGNATURE 23B. ADDRESS 3c. DATE SIGNED AA. BURIAD CREMA-24c. NAME OF CEMETERY OR CREMATORY ATE RECEIVED BY OCAL REGISTRAR

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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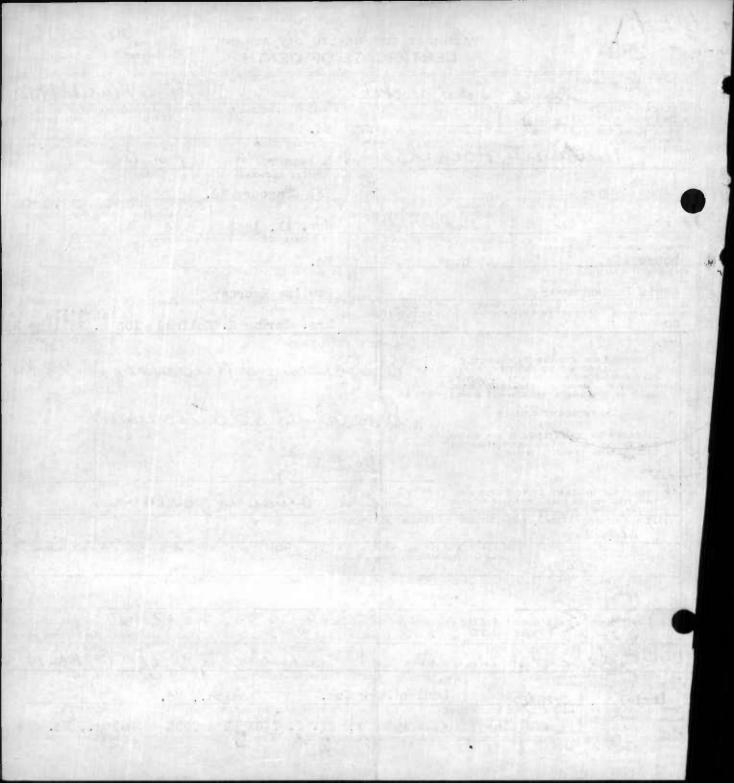
Registered No.

IRTH NO.				
NAME OF DECEASED 'ype or Print)			2, DATE OF	
PLACE OF DEATH:	FRED V. DUNBAR	II 4 HEHAL DECIDENCE	DEATH Mar. 26, 1950 Where deceased lived. It institution: resident	
Baltimore City, Maryland		A. USUAL RESIDENCE (	B. COUNTY before admis	
FULL NAME OF (If not in hospit	al or institution, give street add		St. Mary's	
STITUTION Edgewood Nu	rsing Home	c. CITY OR TOWN	If outside corporate limits, write RURAL and town	
O 6000 Bellon	a Ave.	Ridge	68	suip)
		Yrs. D. STREET ADDRESS (I	f rural, give location)	
Length of stay in Baltimore		Mos. Days		
SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   H Under I Year   H Under 24	
ale white	widowed divorced (s	May 28, 1871	last birthday) Months Days Hours	Min.
A. USUAL OCCUPATION (Givekind of				
done during most of working life, even if retired)	INDU	STRY	WHAT COUN	rRY?
armer Father's Name	Own Farm	Md.		
		14. MOTHER'S MAIDEN		
Dunbar		Katherine Jones	3	
WAS DECEASED EVER IN U. S. ARMEI no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
	JECONIII 1	Mr. John G. Dun	bar 7117 Oxford Rd.	
18. 443X	CAL	SE OF DEATH	INTERVAL BETY	VEEN
1	1	SE OF BEATA	ONSET AND D	EATH
DISEASE OR CONDITION LEADING TO DEA			1	
(This does not mean the mode of	of dying, e.g., (A)	neval elecon	Mage 3day	7
heart failure, asthenia, etc. It mes injury or complication which of	ans the disease, caused death.) DUE TO			
ANTECEDENT CAUS	SES	Vistaturine Care	des- Jasculas 54	^
DISEASES OR CONDITIONS, I	F ANY, GIVING	10.		)
RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO	thease		
UNDERLYING CONDITION LA	151.			
	(C)	· · · · · · · · · · · · · · · · · · ·		
OTHER SIGNIFICANT COND	ITIONS CON-			
TRIBUTING TO THE DEATH, BUT	NOT RELATED			
19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF	OPERATION	20. AUTOPS	Y 7
0				(K)
21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY	(e. g., in or   21C. WHERE DID	(If in Baltimore City, give exact location)	4
HOMICIDE (Specify)	about home, farm, factory, street, office		and the state of t	
OF INJURY (Month) (Day) (Year)	(Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJUR	RY OCCUR?	
		WHILE		
2 I handhu acutifu thut 7		Her 1949 to	26 May, 1950, that I last sau	7.
12. I hereby certify that I at	rnaea the acceased from.		the causes and on the date stated ab	the
	and that death			
23A. SIGNATURE	1/2/2/	238. ADDRESS	Lu Cue 23c, DATE SIGI	
a. a.		o. 1134C. / Selecco		
A. BURIAL, CREMA- N, REMOVAL (Specify)	24c. NAME of CE	METERY OR CREMATORY 24d.	LOCATION (City, town, or county) (St	ate)
Burial 3/29/50	Trinit	Cem. Yard St	. Mary's City, Md.	
TE RECEIVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		
MARE 28 1950 Thurston	agent minering	WM. J. TICKNE	R & SONS Balto., Md.	
		0 2 8 0 4	The state of the s	
VS 150		4 4 4	027	
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6	24					51	0 2894
51	0 289 RTH NO.	4			E OF DEATH	Registered	
1.	NAME OF Di	Quua	Soplu	Dir ckel		2. DATE OF DEATH 27	March 1950
A.		ity, Maryland		V	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission
HC	STITUTION	lieversit	Hoe	on, give street address on		outside corporate limi	ts, write RURAL and give township
	Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 231 Chancery Rd		
16	SEX F.	6. COLOR OR RACE	WIDOWI	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	h Under I Year Onths Days Hours Min
		CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	V -	12. CITIZEN OF WHAT COUNTRY
	housewife FATHER'S N		at ho	me	Md. 14. MOTHER'S MAIDEN NA	AME	
	Lewis Lac	chenmayer			_Pauline Koerner		
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	CÁ	DDRESS: tonsville
	no			no	Mrs. Gordon M.	Holland 103	N. Rolling R
RTIFICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L	F ANY, GIVING	GE OUE TO SO	religion artes	iocclio	4
TIFI		11		_(C)			
CER	TRIBUTING	IGNIFICANT COND TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATE	· Delle	le devoution	Urluis	L
	19A, DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		CE OF INJURY (e. g., rm, factory, street, office bldg.,	n er 21C. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
Σ	210. TIME ( OF INJURY	Month) (Day) (Year)	w	HILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I herchy deceased al	certify that I att	tended the	deceased from 3	- 26, 1950, to rred at 4:40 pm., from t.	3 - 27, 195 he causes and on t	that I last saw the he date stated above
	23A. SIGNAT	Gerald 4	? Wes	utili m. o.	23B. ADDRESS	to Horb	27 Wes. 195
24 TIC	A. BURIAL, C	REMA: 248. DATE	2	4c. NAME OF CEMETE	The same of the sa	OCATION (City, town	, or county) (State)
D.	Burial	3/29/50 BY REGISTRAR		Loudon Park	Cem. Balte	o., Md.	ADDRESS
LC	MAD 2 Q 1		1 10 11	iams, M. M.	WM. J. TICKNER	& SONS Ba	lto., Md.
	VS 150	10U'	To the		2895		,

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.		CERTIFICATI	- OI DEATH		
1. NAME OF D (Type or Print)	ECEASED			2. DATE OF	
	Eva Cook B	lowen		DEATH Marc	h 25,1950
	City, Maryland B	alto. Md.	4. USUAL RESIDENCE A. STATE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution, give street address or location)	c. CITY OR TOWN	If outside cornorate limi	its, write RURAL and give
NSTITUTION	3711 Bar	rington Rd.			5-/ township)
//2	7122 202	Yrs.	Baltimore D. STREET ADDRESS' (	Mary land	1011
Length of s	tay in Baltimore	Mos.	3711 Barring		
SEX	6. COLOR OR RACE	50years Days 7, SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   M Under 24 Hours
7	100	WIDOWED, DIVORCED (Specify)	12-24-1887	263 last birthday) M	onths Days Hours Min.
M'emale	White CUPATION (Give kind of	Single	11. BIRTHPLACE (State or		12. CITIZEN OF
rk done during most o	of working life, even if retired)	INDUSTRY		The state of the s	WHAT COUNTRY?
School 3. FATHER'S N	Teacher	Balto.City	Baltimore, C		1
	n W.Bowen		Eleanor His	sey	
ea, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Myrtle 1.Be	wen 3/11 Ba	rrington Rd.
18. 23	4X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTIV		1	
	LEADING TO DEA	TH D	A. S.	-01001	5 munch
heart failu	s not mean the mode or are, asthenia, etc. It mes	ans the disease,		The same of the sa	
injury or	complication which	caused death.) DUE TO			
	ANTECEDENT CAUS	SES			
DICEACE	C OR CONDITIONS	(B)	***************************************		
RISE TO T	S OR CONDITIONS, I	STATING THE DUE TO			
DISEASE RISE TO T UNDERL' OTHER S TRIBUTING	YING CONDITION L				
		(C)	the		6 month
OTHER S	II SIGNIFICANT COND				
	G TO THE DEATH, BUT	NOT RELATED			
19A. DATE C	OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
					YES NO
	ENT, SUICIDE.	218. PLACE OF INJURY (e. g., in		(If in Baltimore City,	give exact location)
	(Specify)	about bome, farm, factory, street, office bldg., e	te.) INJURY OCCUR?		
	(Month) (Day) (Year	(Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJU	RY OCCUR?	
OF INJURY	(	WHILE AT NOT WHILE			
		m.   WORK L AT WORK L			
22. I hereb	y certify that I at	tended the deceased from De	5 14 , 190P, to_	mel 24, 195	Dthat I last saw the
		419.5 D. and that death occur			the date stated above.
23A. SIGNA	TURE	2	3B. ADDRESS .		23c. DATE SIGNED
16	. C. Pu	M. D.	45-09 2.1.1-	- Ha-	Just 27
10N, REMOVAL (S	CREMA- 248. DATE	24C. NAME OF CEMETE		LOCATION (City, town	
Burial	3-27-5	Greenmount	Ba	altimore Mo	i.
DATE RECEIVE	D BY   REGISTRAR	S SIGNATURE,	25. FUNERAL DIRECTOR	3. 0	ADDRESS
MAD 2 Q	1950	righter / Volliague, All	E blower t	E) (Q	Lana
WARZO	1330	A	5118 GWYMA C	ak Ave.	ucou)
VS 150	1.9	1131101	JAAC GIIJAMI C		5913
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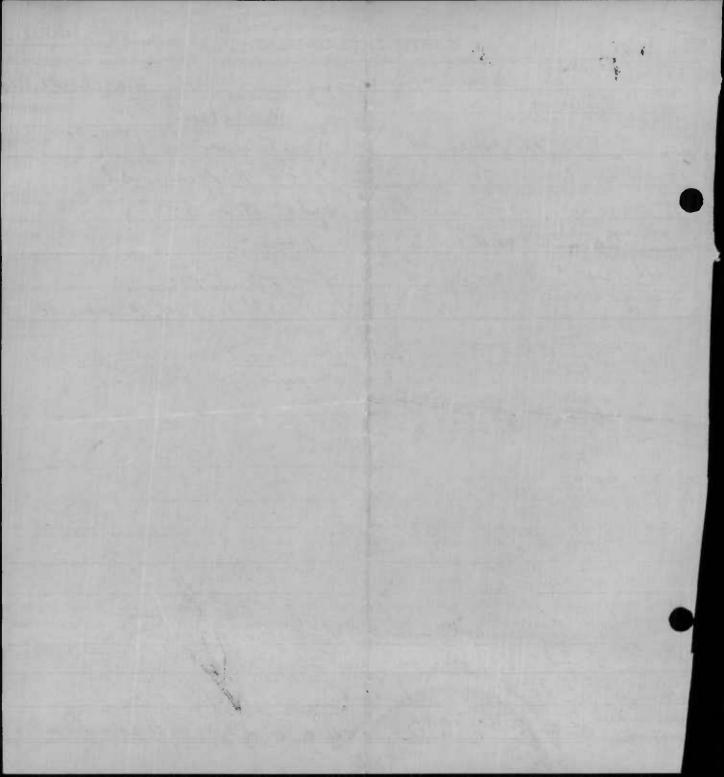
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# BALTIMORE CITY HEALTH DEPARTMENT Registered No.

BIRTH NO.			CERTIFICAT	L OI DEAIN		
1. NAME OF (Type or Print)		2. DATE				
	BLAN	CHE E.	REYNOLDS			ar. 25, 1950
a. Baltimore	City, Maryland			A. STATE	B. COUNTY	
S. FULL NAME			ion, give street address or location)		Ceci	L <u>I</u> imits, write RURAL and give
NSTITUTION	Kirkleigh V			Rising Sun	(1) Outside corporate in	township)
70	4301 Roland	Ave.	Yrs.	D. STREET ADDRESS	If warmal give location	1
Length of	stay in Baltimore		Mos. Days	- D. STREET ADDRESS	(11 rural, give location)	
SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours: Min.
female	white	wid		Mar. 29, 187		
	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
housewif		at h	ome	Md.		WHAT COUNTRY?
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
George C				Lucy Smith		
5. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	S	inversoring. M
			SECORITY NO.	Mr. Ralph E.	Reynolds - 1	inversing, M. Olos McKenny Av.
heart fai injury of the control of t	es not mean the mode of lure, asthenia, etc. It mes or complication which or complication which of the second seco	ins the diseas aused death  SES  F ANY, GIVIN STATING TI AST.  ITIONS COI NOT RELATI	NO.	isselenti	Cardio V	osalor Disast
19A. DATE			FINDINGS OF OPER	RATION		20. AUTOPSY?
						YES NO
HOMICIDE	DENT, SUICIDE, (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., farm,factory,street,office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)
21D. TIME OF INJUR	(Month) (Day) (Year)		21E. INJURY OCCUPA WHILE AT NOT WHILE WORK AT WORK		DURY OCCUR?	′ 😜
2. I here	eby certify that I att	ended the	deceased from and that death occu	rred at 10 7 Ph. Pro	//	9 <b>99</b> that I last saw the n the date stated above.
234. SVGN.	lam I	relx	ech M.D.	000000	and all	33C. DATE SIGNED
24A. BURIAL. FION, REMOVAL Buria	(Specify)	5,0	24c. NAME OF CEMETE Brookview		D. LOCATION (City, to Rising Sun	
DATE RECEIV	ED BY REGISTRAR			25. FUNERAL DIRECTO	OR	ADDRESS Balto . Md.
1/0 150			97	289	7	

ALION BUT WE SHAW ME AND A Arrivation and the second THE DAY STORES TO SEE STORY

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF land HDSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. ADDRESS (If rural give location) Mosc. Length of stay in Baltimore Days enry. years 6. COLDR OR RACE SINGLE, MARRIED 9. AGE (In If Under 1 Year If Under 24 Hours WIDDWED, DIVORGED (Specify) last birthday) | Months: Days | Hours | Min. Married 10A. USUAL OCCUPATION (Givekind of 190 KIND DE SIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF - CUNS work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Ectrician 13. FATHER'S NAME 15. WAS DECEASED OVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dutes of service) 16. SOCIAL ADDRESS (Yes, no or unknown) | SECURITY ND 220.09.9596 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES DR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A, DATE OF DEERATION 198. MAJOR FINDINGS DF DEERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bultimore City, give exact location) PRIMARY OR CONTRIBUTING | about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE DF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY DCCUR? 21E. INJURY DCCURRED DF INJURY NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \). homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .. MEDICAL INVESTIGATOR 4A. BURIAL. CREMA-248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LDCATION (City, town, or county) ION, REMOVAL (Specify) 3 RECEIVED BY REGISTRAR'S SYGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR



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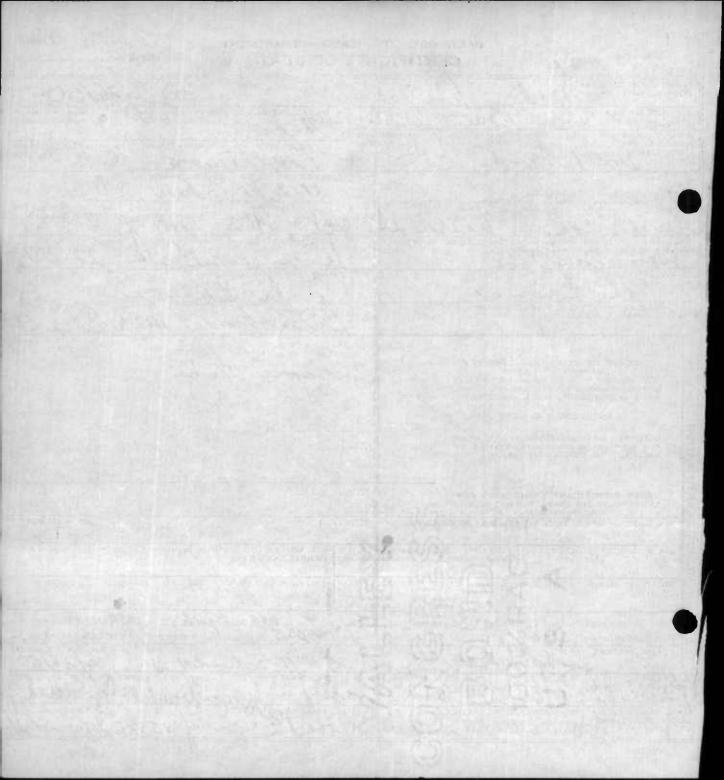
#### BALTIMORE CITY HEALTH DEPARTMENT

50 2898 Registered No.

ВІ	RTH NO.			CERTIFIC	CATE	OF DEATH	negistered N	0,
	NAME OF D				10	1 1	2, DATE OF	
	PLACE OF D	Prisc://	a fex.	eeman	(4)	4. USUAL RESIDENCE (	DEATH / MAN	ch 26, 1950
A.	Baltimore (	City, Maryland				A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR			-	dress or cation)	c, CITY OR TOWN (I	If outside corporate limits	write RURAL and give
IN	STITUTION	Provisen	+ Ho	7-		Balto	16-	0.3 township)
				7	Yrs.	D. STREET ADDRESS (I	f rural, give location	<u> </u>
		tay in Baltimore			Mos. Days	16664. VN	neent X7	
	SEX	Colored		E, MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours   ths Days   Hours   Min.
10	A. USUAL OC	CUPATION (Give kind o	I 108 KIND	OF BUSINESS	OR	11. BIRTHPLACE (State or :	foreign confirm	12. CITIZEN OF
work	done during most	of working life, even if retired	( )		USTRY	The second	of eight country)	WHAT COUNTRY?
13	. FATHER'S	NAME	1 / 4	one	-	14. MOTHER'S MAIDEN A	NAME A	a dist
	un	obla	na	le		un of to	To a let	
15 (Yes	. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY	NO	17. INFORMANT	AD	DRESS AA
`	nu		,	none		Bernie mor	no 11097	n. tullagun
	18. 33	2 X 1		CA	USE C	F DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION			90	0-01 1 1	brom best	
	(This does heart failu	not mean the mode are, asthenia, etc. It me	of dying, e. s	g., (A) e.		crebral T	whom posis	
	injury or	complication which	caused death	) DUE TO				
_		ANTECEDENT CAU	SES					
CERTIFICATION		S OR CONDITIONS,				***************************************	***************************************	
A		YING CONDITION L		TE DUE TO				
F				(C)		***************************************	***************************************	
RT		II SIGNIFICANT CONE						
빙	TO THE D	S TO THE DEATH, BUT	N CAUSING 1	т				
7	19A, DATE C	F OPERATION	198. MAJOR	FINDINGS OF	OPERA	TION		20. AUTOPSY?
EDICAL		NT, SUICIDE,	21B. PLA	CE OF INJURY	(e. g., in	or 21c. WHERE DID	If in Baltimore City, gi	YES NO ve exact location)
	HOMICIDE	(Specify)	about hnme, f	arm, factory, street, of	lice bldg., etc	injury occur?		
Σ	21D. TIME (	(Month) (Day) (Year	) (Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	0. 110011		m.		T WHILE			
	22. I hereb	y certify that I at	tended the	deceased from	1 3	- 9 - 37,19 , to	3-26-279	, that I last saw the
		live on, 3 - 26	,519	and that death		ed at 162-am., from	the causes and on th	
	23A. SIGNAT	TURE	//	Hero	200	B. ADDRESS	20/	23c. DATE SIGNED
34	A. BURIAL, C	REMA- 248 DATE	ques		EMETER	Y OR CREMATORY   24D. I	OCATION (City, town,	or county) (State)
X.	Luna	D 3/30 /	50	mta	110	LIL m	160	
DA	TE RECEIVE	BY REGISTRAR	'S SIGNATU	IRE		25 FUNERAL DIRECTOR	0 1202	ADDRESS 04
P	MAR 28	950 Huntin	ator Mil	lique su	13 11	Harry M. Re	Dean Pre	solmant
Ĭ	VS 150		3				9-30	d 0 0
								826

1884 18 JULY Prochant) John. Balin 1686 W Vancent Lt morepland - and of Wand non undethinkle amotlam alto Denne Moore 11697 Paris 3/20/50 ml achery not Very Kilmon Business V

11/	620	50	2899
	2899 CHARTIMORE CITY HEALTH CERTIFICATE OF	DEPARIMENT	2000
-	1. NAME OF DECEASED (Type or Print) Relan Drice	2. DATE 0F 0F DEATH 3/26/5	70.
$\parallel$	A. Baltimore City, Maryland	JAL RESIDENCE (Where deceased live). If institution	residence ore admission
	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  C. CITY	Punting 11-1	RAL and giv township
-	Mos.	EET ADDRESS (1) (Table, give location)	
	Length of stay in Baltimore  Days   6. COLOR OR RACE   7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify)   8 DAT	FOF BIRTH  9. AGE (In years it Under I Year last birth ay)  Ayonths: Days	H Under 24 Hours Hours Min.
2	104/USDAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11) BIR	THPLACE/CDate or foreign coupy)   12. CIJIZ	EN OF
_	Housewife / //w	THER'S MAIDEN NAME	T GOUNTRY
	Muknown	llukuown	0
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Cer Brice 1112h Col	ral St
	18. / 7 L/ X CAUSE OF DE	ONSET	AND DEAT
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nome atei	
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES		
A TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)		
111.4	(c)		
l L	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
<	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES	NO D
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJ	:. WHERE DID (If in Baltimore City, give exact URY OCCUR?	location)
	OF INJURY WHILE AT NOT WHILE	HOW DID INJURY OCCUR?	
V	22. I hereby certify that I attended the deceased from 8/25	1949, to 3/26, 1950, that I	
1	deccased alive on 3/26, 1950, and that death occurred at 23A. SIGNATURE 23B. ADD	ROS G m., from the causes and on the date si	tated above TE SIGNED 28/50
	24 BURIAL CREMA- 248 DATE 244 NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, decemby)	(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	ERAL DISECTOR CONTROL ADDRES	5 -
3.1	MAR 28 1950 intigton Williams From Office	W. young 15326 Mone	medst
	VS 150	48	6 G

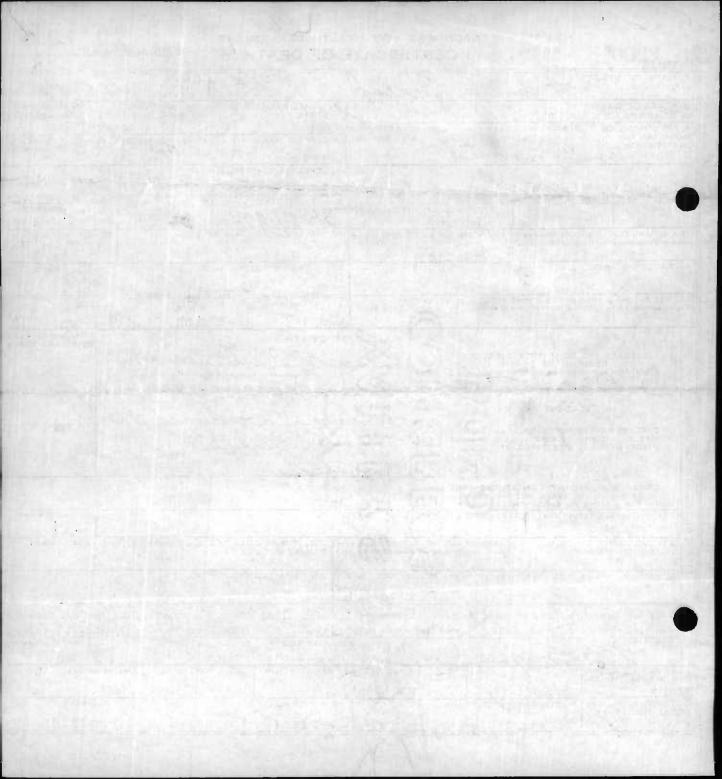


correct are as effecting important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2900 Registered No.

BI	RTH NO.						
(T	NAME OF D ype or Print)	Fran	rela	Snead		2. DATE OF DEATH 3	25.50
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution; residence before admission)
В.	FULL NAME		al or institut	tion, give street address or			, , , , , , , , , , , , , , , , , , , ,
H	SPITAL OR	, 1		location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
1114	STITUTION	main Ila	Spita		D-74.	7-1-0	township)
-	-) 4	- jun. 1 - 1	1-00	Yrs.	Baltimore D. STREET ADDRESS	(If much pine location)	
				Mos.	D. STREET ADDRESS	(II rural, give location)	
		tay in Baltimore		Days		burg St	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Mo	Under 1 Year   It Under 24 Hours   thours   Min.
	1	C		owed	3/25/1894	56	
10	A. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
ork	April April	of working life, even if retired)	-	INDUSTRY			WHAT COUNTRY
13	FATHER'S N	sewife	Domes	stic	Baltimor	re, Md.	U.S.A
13	. FAIHERS N	NAME			14. MOTHER'S MAIDEN	NAME	
	Se	am Carroll			Rachael Car	roll	
15	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
I e	NO	NO War or date	of service)	SECURITY NO.			
-	,				Mrs. Leslie	Smith(S)131	
	18. 42	2./		7 CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	1	Do 1/17	16	
	(This does	LEADING TO DEA'		Olh	ender all	usicur	
	heart failu	ire, asthenia, etc. It mea	ns the diseas	se, / /	200	······································	***************************************
	injury or	complication which	aused death	h.) DUE TO Carte	uniferates	C.V.P.	
		ANTECEDENT CAUS	SES	01		1 1 1	/
Z				(B) July	ma Conse	otion of Ed	lon
2	DISEASES	S OR CONDITIONS, I	F ANY, GIVI	NG DUE TO	4/20		
<	UNDERL	YING CONDITION LA	ST.	HE DOE TO THE	rated Ceriha	rla	
RTIFICA				1			
-		H		(C) (M)	asurea		
2		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
				FINDINGS OF OPER	ATION		20 AUTOPSY?
		2					VES NO
0	21A. ACCIDE	NT. SUICIDE	1 218 PL	ACE OF INJURY (a.e.	or   21c. WHERE DID	(If in Baltimore City, s	1 123
EDICA	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., it farm,factory,street,office bldg.,	te.) INJURY OCCUR?	(at its businesse croy, p	give chace meaning
M							
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJUNT			WHILE AT NOT WHILE			
			m.	WORK AT WORK	17 50	2	A
	22. I hereb	y certify that I att	ended the	deceased from 3	- 17 33 1950, to	2 - 2 5 , 195	, that I last saw the
	deceased al	live on 3.25	, 1930	and that death occur	red at Z Am., from	n the causes and on th	he date stated above.
	23A. SIGNA	TURE,	//		3B. ADDRESS , /		23c. DATE SIGNED
	1	a- mus	hem.	M. D.	Uni. Itry	90.	3.25.50
24	A. BURIAL, ON, REMOVAL (S	XEMA- 248. DATE	1/	24c. NAME OF CEMETE	RY OR CREMATORY   246	LOCATION (City, town,	or county) (State)
_				Analasa dan mari Manal	7 Pl- D-7	1 - A	M.a
	urial	3/29/5		Arbutus Mem!		Lto.County,	
LO	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	JKE	25. FUNERAL DIRECTO	R	ADDRESS
	MAR 28	1354 17.25	1- 1/4	6.0.0.0	Charles G. 1Co	oper-512 Car	rrollton Av.
	VS 150		The star	CANADA .	6		
	V3 130	A.F.					124B
							1 CT IN



120	
	0 2901
CERTIFICATE OF DEATH Registered No.	0,
1. NAME OF DECEASED GEOFGE Edward William Teves   2. DATE OF DEATH Mat.	26,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. COUNTY  4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)   C. CITY OR TOWN (If outside corporate limits,	surito DURAL and give
INSTITUTION IT. JOSEPH'S HOSpital (OOA) Baltimore	township)
Length of stay in Baltimore  V  Yrs.  Mos.  Days  1237 North Bros.	a dwa ee
SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)	
MIGHE White Widower April 29 1911 38	the Days Hours Min.
## ## ## ## ## ## ## ## ## ## ## ## ##	12. CITIZEN OF WHAT COUNTRY?
Handyman Rustless Steel (M) Baltimore Md.	
Di Wala Davida	V
15 WAS DECEASED EVED IN II C ADMED SOUCES. LIC COCIAL	vaces St.
(15 (Sec. no or unknown) (15 (Sec. give war or dates of service) 212-05-7681 Mrs Edna Marie Ponzille	0
18. E 972	INTERVAL BETWEEN
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of duing a great control of the con	
heart failure, asthonia, etc. It means the disease,	7
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
(8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give PRIMARY M. OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  HOME	ve exact location)
W I I I I I I I I I I I I I I I I I I I	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY 3/26/50 8:30 A. WHILE AT NOT WHILE AT WORK AT WORK AT WORK	
M. WORK AT WORK	
Autopsy, Inspection or Inquiry	thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural eauses □, accident □, suicide ☑, homicide □, un	day stated above, determined [].
23a. SIGNATURE   23b. CHIEF MEDICAL EXAMINER	DATE SIGNED
24a. BURIAL. CREMA: 24B. DATE   24C. NAME & CEMETERY OR CREMATORY   24D. LOCATION (City, town, or	r county) (State)
Burial Mar. 29,50 Mt. Olivet Baltimore	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
MAR 28 1954 Fultweite Whisher Man 2 H? Sander & Sons Inc. B	alto. Md.
VS 151 N-968 98841 163	

VS 151

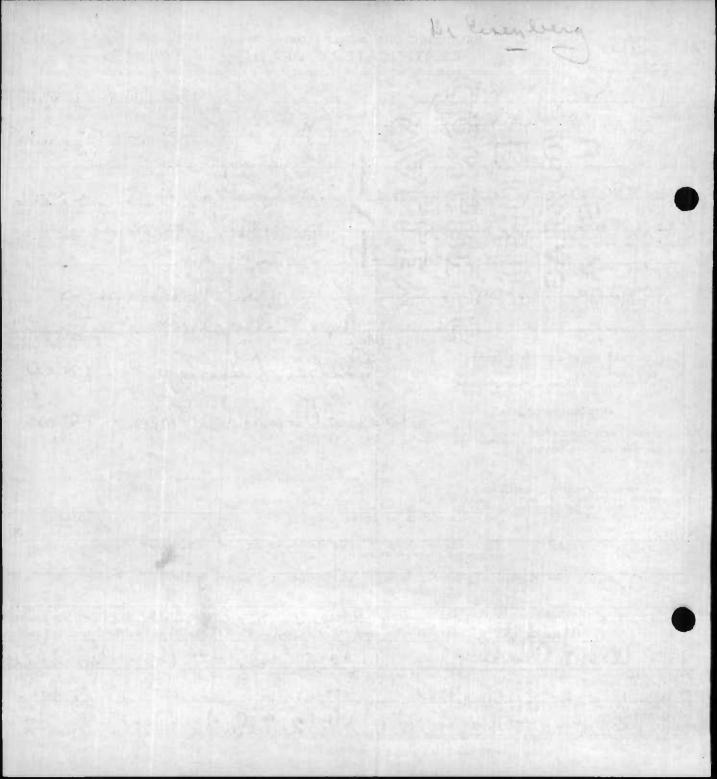
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TABLE WALLE AT A SHE WAS DRIVEN TO A SECTION OF THE PARTY OF THE PARTY.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2903

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEAT 4. USUAL RESIDENCE (Where deceased fived, If institution; residence A. Baltimore City. Maryland ) B. COUNTY before admission) (If not in hospital or institution, give street adures or location) B. FULL NAME OF HOSPITAL OR off outside corporate limits, write EURAL and give OR TOWN INSTITUTION mero Yrs. ADDRESS of rural, give location Mos. ength of stay in Baltimore 9. AGE (In years I Under I Year II Under 24 neurs last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED.
V(IDOWED, D)(VORCED (Specify) BIRTH 60 MM 10A. USUAL OCCUPATION (Give kind of) 11 BIRTHPLACE (State or foreign country MB.KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME DEN NAME 15. WAS DECEASED EVER IN U. S. ARM arr D EVER IN U.S. ARMID FORCES? (If yee, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. -10-7737 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg. etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK through, 1948 to March 26, 150, that I last saw the 2. I hereby certify that I attended the deceased from\_ deceased alive on March 15195D, and that death occurred at 1510 Am., from the causes and on the date stated above. 23A. SIGNAT NON, REMOVAD (Specify) 248. DATE DATE RECEIVED BY VS 150



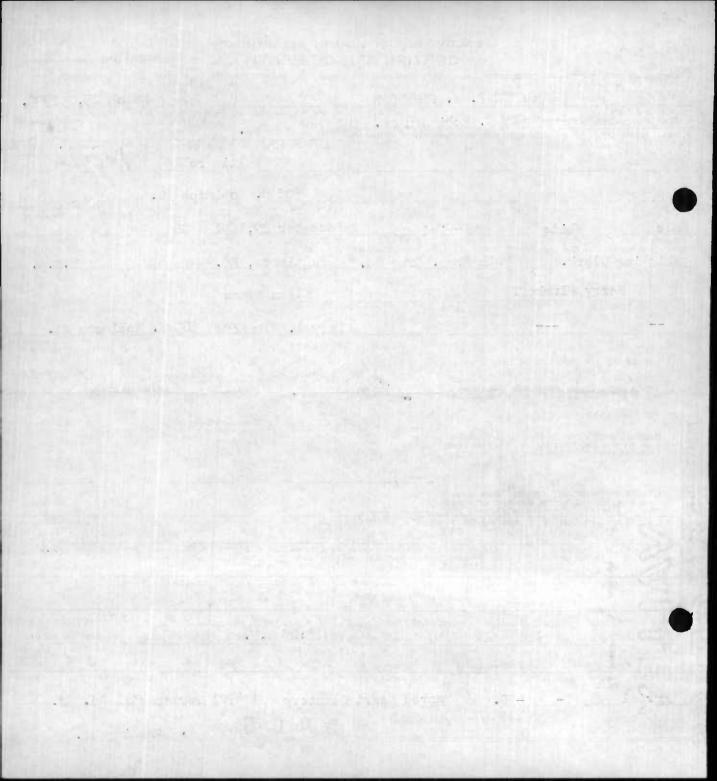
new eventry and regions.

#### BALTIMORE CITY HEALTH DEPARTMENT

50 2904

Registered No\_

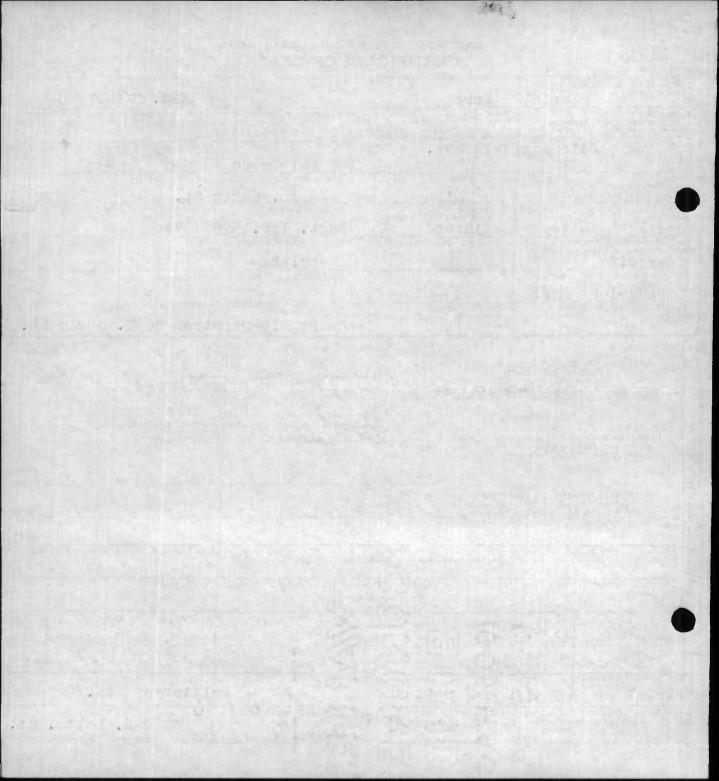
	RTH NO.	~ x	CE	KIIFICAI	E OF DEATH	registered	110,
1. (T	NAME OF D					2. DATE OF	
			NCE F. W.	PLUMHOFF		DEATH MALT	
3. A.	a. Baltimore City, Maryland 505 S. Robinson St.			4. USUAL RESIDENCE	(Where deceased lived, . B. COUNTY	If institution: residence before admission)	
В.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  INSTITUTION						
			c. CITY OR TOWN		nits, write RURAL and give township)		
-02				Yrs.	D. STREET ADDRESS	imore	-06
	Longth of a	tar in Paltimona		Mos.			
	EX	tay in Baltimore   6.COLOR OR RACE	17. SINGLE, M.	Days ARRIED.	8. DATE OF BIRTH	binson St.	II Under I Year   II Under 24 Hours
M	ale	White		DIVORCED (Specify)	December 29,18	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind o	Marri 1 108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF
	Shipping	of working life, even if retired	Muth Bros	Drug Co.	Baltimore, M	ia.	WHAT COUNTRY?
	. FATHER'S		pridon Dros	e Drag Co.	14. MOTHER'S MAIDEN	NAME	U.S.A.
	H	enry Plumhof	f		Ellen Adam	9	
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	****			SECORITY NO.	Mary A. Plumbe	ff 505 S. Ro	binson St.
	18. 44	3 X .		CAUSE	OF DEATH	**	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION		41	1 , 01.		ONSE! AND DEATH
		LEADING TO DEA	of dying, e.g.,	(A) bleg	bertersini C.V.	Deserge	3-23-50
	injury or	re, asthenia, etc. It me complication which	caused death.)	DUE TO			
		ANTECEDENT CAU	SES	0	rebul Them	. //	3 - 2
Z	DISEASE			(B)	rebial James	maye	3-23-80
Ĕ	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	STATING THE	DUE TO		0	
CA	ONDENE	TING CONDITION L	ASI.				
ERTIFICATION		11		(C)			
ER		GIGNIFICANT CONE					
ū	TO THE D	ISEASE OR CONDITIO	N CAUSING IT.	UDINGS OF ORES			LOO AUTODOVS
AL		Tune		NDINGS OF OPER	RATION		YES NO P
EDICAL	21A. ACCIDE	NT, SUICIDE,		OF INJURY (e.g., i	or 21c. WHERE DID	(If in Baltimore City,	
E	HOMICIDE	(Specify)	about nome, farm,	actory, street, office bldg.,	etc.) INJURY DCCUR?		
Σ	21b. TIME OF INJURY	(Month) (Day) (Year	) (Hour)   21E.	INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURT	nnu	m. WHILE	AT WORK	- mone		
	2. I hereb	y certify that I at			- 23 , 1950, to	3-25 195	that I last saw the
h	deceased a	live on 3-24	_, 19.50 , and	that death occur	rred at 8:25 Am Miron	n the causes and on	the date stated above.
	23A. SIGNA	TURE /		2	38. ADDRESS	e ave	23c. DATE SIGNED
2	72	John		м. р.			3.27.50
TIC	A. BURIAL, (S	CREMA- 24B. DATE				D. LOCATION (City, tow	
D	Burial ATE RECEIVE	D BY   DESCRIPTION		acred Heart	Cemetery 4	701 German Hil	
	DCAL REGIST	RAR   Luction	SHOH HURE	maghetty a	25. FUNERAL DIRECTO	1	ADDRESS
=		350	7 43 44	)	Mary Comment	901 S. Conkli	ng St.
	VS 150			00161	2		930
				total 600			12/



#### BALTIMORE CITY HEALTH DEPARTMENT

,	COUD			CERTIFICAT	E OF DEATH	Registere	d No	
_	IRTH NO.	ECEACED						
(7	NAME OF D Type or Print)	Minnie	Str			2. DATE	7th.195	0
3. A.	Baltimore (	EATH: City, Maryland Ba	altimo	re	A. USUAL RESIDENCE	(Where deceased lived B. COUNTY	l. If institution :	
H	FULL NAME OSPITAL OR NSTITUTION	of (If not in hospi 3413 May)	ar or mistitut	ion, give street address of	Maryland c. CITY OR TOWN Baltimore	(If outside corporate li	imits, write RU	RAL and giv township
8	Length of s	tay in Baltimore		Yrs. Mos. Days	b. street address 36 So. Cur		)	
F	emale	6.COLOR OR RACE White	WIDOW	E, MARRIED. VED, DIVORCED (Specify OWED	Sept. 1st.18	title med title d	Months Days	Hours Min
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	LIOR KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZ WHAT	EN OF
13	Freder				14. MOTHER'S MAIDEN	NAME	I	
I S	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Henry Albert	Streb 36	ADDRESS S. Curl	y St.
RTIFICATION	(This does heart failu injury or DISEASE:	DE OR CONDITION LEADING TO DEA a not mean the mode ire, asthenia, etc. It mes complication which  ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	TH of dying, e. 1 ans the diseas caused death SES  F ANY, GIVIN STATING TI	se, n.) DUE TO	newy throm newbornie arth t dissair			hen
CERTIF	TRIBUTING	II GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	ED (Merely				
AL	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. A	NO E
MEDICAL	HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm,factory,street,officebldg.,		(If in Baltimore Cit	ty, give exact l	ocation)
-	21b. TIME ( OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURE WHILE AT WORK AT WORK		URY OCCUR?		
	deceased al	ive on 27 man	ended the		7, 1957, to rred at 4 8 m., from 23B. ADDRESS	m the causes and or	n the date st	ast saw thated above TE SIGNED
2. TI	4A. BURIAL, CON, REMOVAL (S BURIAL	Pecify) Mar. 30,		24c. NAME OF CEMETE Oaklawn		Baltimore	Md.	(State)
	ATE RECEIVE		SSIGNATI	IRE CANADAMA	25. FUNERAD DIRECTO	7000	ADDRESS	

VS 150



730	50 2906
U (2) 7(7) 1	EALTH DEPARTMENT
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Margaret Mary Moylan	of DEATH Mar. 26, 1950
a. Baltimore City, Maryland 1317 Aisquith St	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
INSTITUTION	Baltimore Q-09 township
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos.	1317 Aisquith St
EX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hou
Female White Single Widowed, Divorced (Specify)	May 1863   last birthday)   Months Days Hours Mir
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired Children's Nurse	Ireland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornelius Moylan	Ellen Mullane
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SECONTI NO.	Miss Moylan 1317 Aisquith St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  U OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	restensere - Carlis - Vescula useare
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or   21C. WHERE DID (If in Baltimore City, give exact location)
21p. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURR OF INJURY  MHILE AT NOT WHILE AT WORK	
- I hereby certify that I attended the deceased from	1950, to hear 24, 1950, that I last saw ti
	rred at 11 22 m., from the causes and on the date stated abov
23A. BIGNATURE 1. Tustey M.D. 2	238. ADDRESS Chae Lot 23c. DATE SIGNED
	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State

TION, REMOVAL (Specify)
Burial Mar.

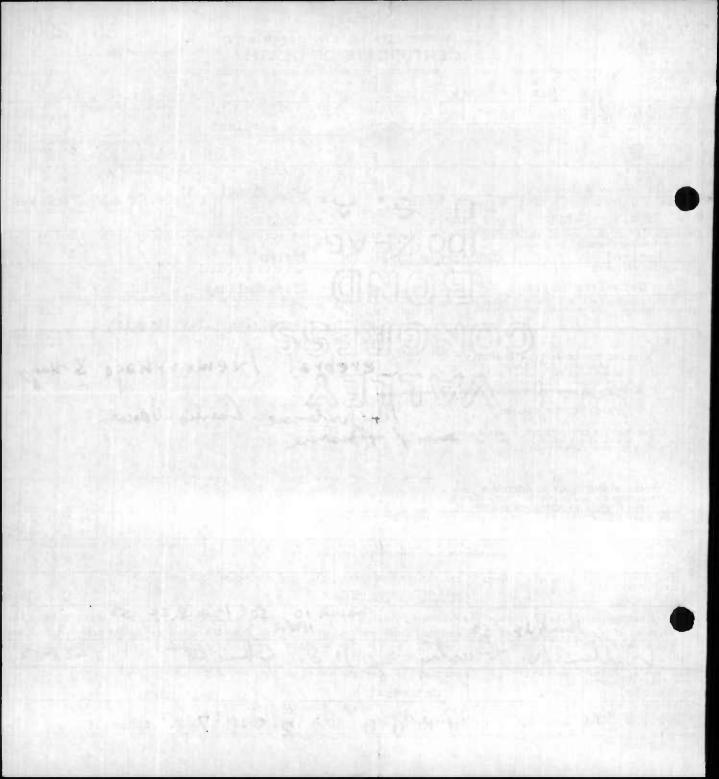
Cathedral

Baltimore

29/50 DATE RECEIVED BY REGISTRAR'S, SIGNATURE

25. FUNERAL DIRECTOR Rita Winderel ( % E. Biddle St

ADDRESS



### #16 50 2907

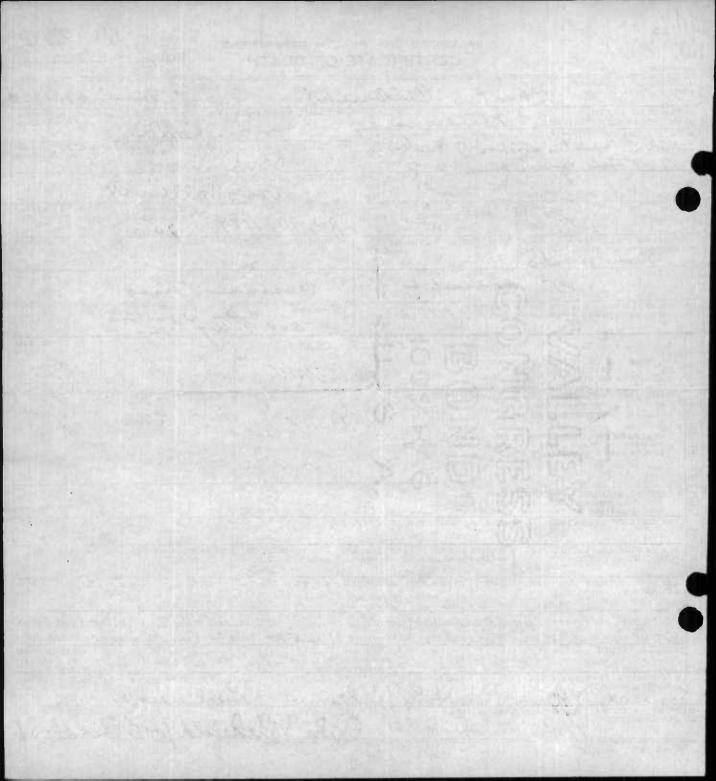
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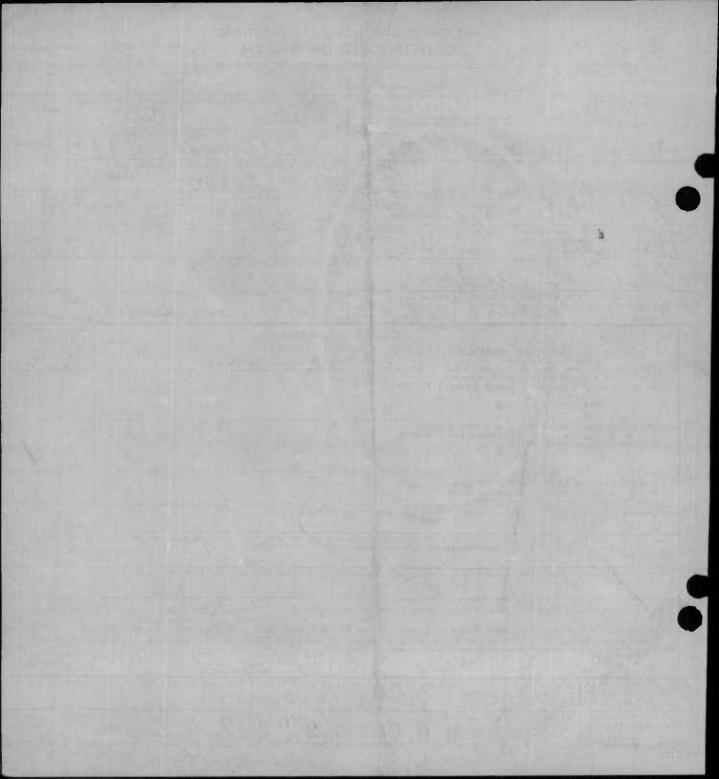
### HIbrecht

#### BALTIMORE CITY HEALTH DEPARTMENT

5	13	2	3	0	1	

CERTIFICATE OF DEATH Registered No-BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Charles Ollares. DEATH Franch 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN side corporate limits/write RURAL and give rural, give location) Yrs. Mos. ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED M Under 1 Year WIDOWED, DIVORGED (Specify) last birthdar) | Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven if petired) INDUSTRY WHAT COUNTRY? row mark 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., otc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from Mile !-1950, to deceased alive on Mch 27, 1950, and that death occurred at 12:20 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) () sures DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR hunter alow

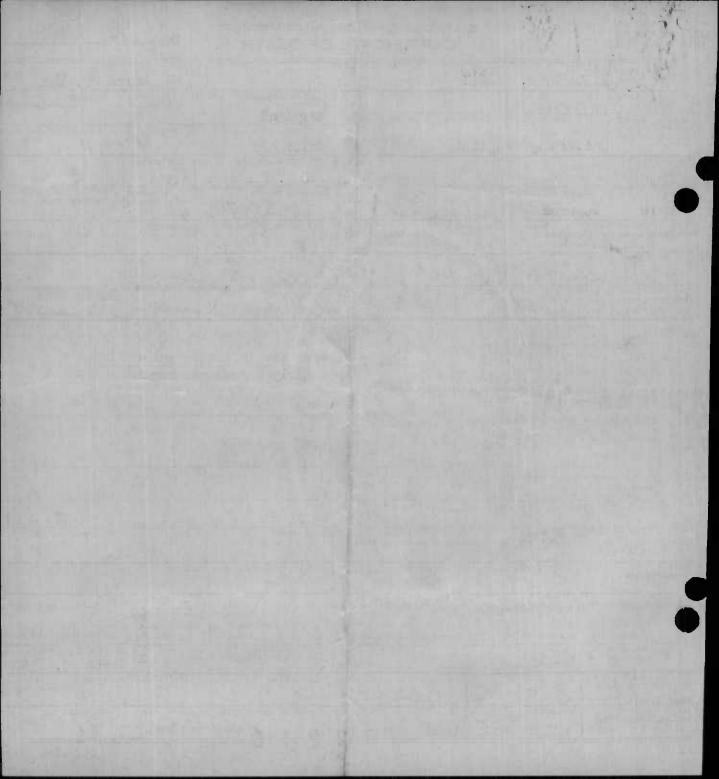




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T	2909
BIR	TH NO.

# CERTIFICATE OF DEATH Registered No. 2909

BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) MARGARET M. RAMSEY	2. DATE OF DEATH March 23, 1950
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF frot in nospital or institution, give street address of HOSPITAL OR location	
University Hospital	Baltimore 4-01 township)
Yrs. Mos.	O. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
SEX 6. COLOR OR RACE 7. SINGLE. MARRISO. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If beder I feat If Under 24 Hours Inc. 1946) Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of Mork dons during most of working like from if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Ole Forest.
Young or unknown (If yes, give war or days of service)  (If yes, give war or days of service)	TINFORMANT Rausey- Bleasuit A.
18. 491X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	V
(This does not mean the mode of dying, e.g., (A) (A) heart failure, asthenia, etc. It means the disease,	respiratory infection with early bronchopneumonia
injury or complication which caused death.) DUE TO	Garty bronophounonta
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE PUE TO UNDERLYING CONDITION LAST.	
<   <   <   <   <   <   <   <   <   <	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 199. MAJOR FINDINGS OF OPER	
21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e. g., i	in or   21C. WHERE DID (If in Baltimore City, give exact location)
O ZIA. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  Th. WHILE AT NOT WHILE AT WORK	
22. I certify that I took charge of the remains described of	above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or l	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, is $\overline{\mathbb{Z}}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24A BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) 3 3 0 50 Section	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS - 918-
VS 151	Micied Still 10 Ave.



1454				
	TIMORE CITY HE	E OF DEATH	Registered I	50 2910
I. NAME OF DECEASED (ADVIDEN) (Type or Print)	cm0		2. DATE OF DEATH MAN	425,1950
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or instituting HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	on, give street address or location)	Catansni	llo.	s, write RURAL and give
Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If		
Female, Color or RACE 7. SINGLE WIDOW	Days  MARRIED,  ED. DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours nths Days Hours Min.
work dope thring most of work in the even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME P. Lowd	en	14. MOTHER'S MAIDEN NA	AME	
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT		DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas lnjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	DUE TO Char  (B) Ally	agnosed Di actesized le jaration	seare y vomit	ing 3 wb
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE U TO THE DISEASE OR CONDITION CAUSING I	Y-			gver
19A. DATE OF OPERATION 2 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	CE OF INJURY (e. g., in arm,factory,street,office bldg.,e		f in Baltimore City, 1	yes No Ligive exact location)
OF INJURY	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 3 25, 1950,	and that death occur			1, that I last saw the he date stated above 23c. DATE SIGNED
Juna 3/30/50	Western	vslow Ce	melery	
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE TO STRANGE SIGNATURE SI	Gianne, 17, ja	25. EUNERAL DIRECTOR	Estead	D-918
VS 150	52086	ilmid	Hill	120B

120B

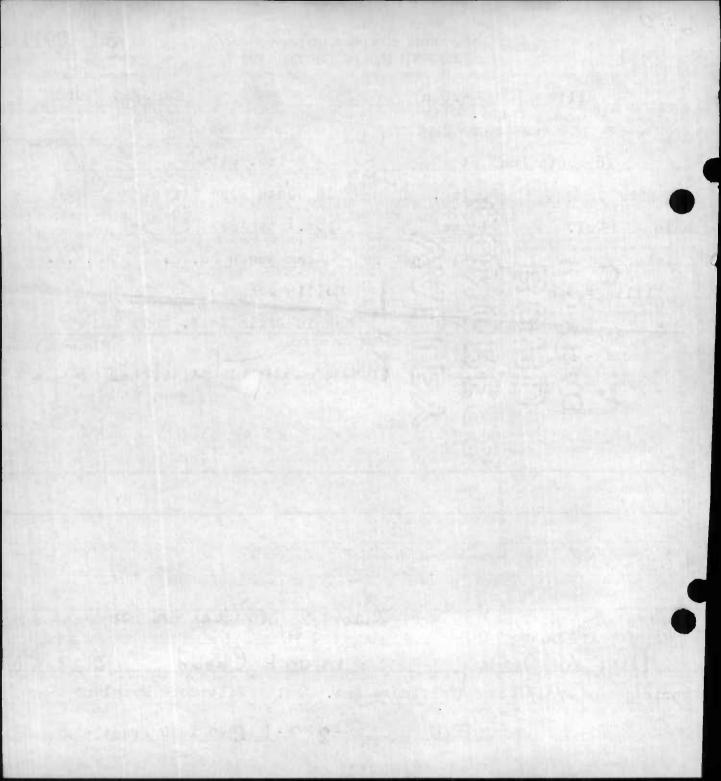
Alceration of ileum (50-29.0-5/4/50.) Letter in document file.

were the causes of death clearly and len

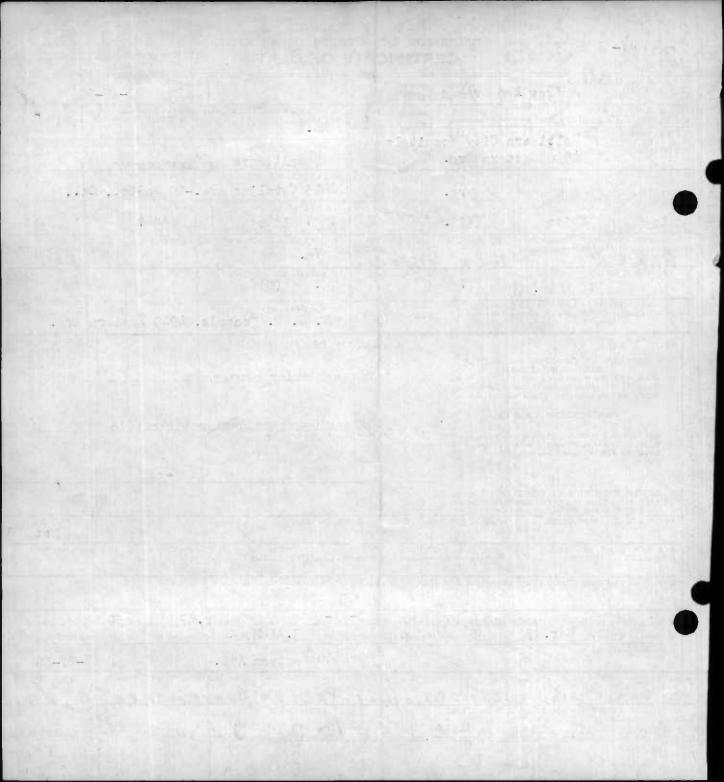
# BALTIMORE CITY HEALTH DEPARTMENT

50 2911

RTH NO.			CERTIFICAT	E OF DEATH	- Register	red No
	llie	В	rown		2. DATE OF DEATH 3	/26 /1950
3. PLACE OF DEATH: Balto. City					NCE (Where deceased live	ed. If institution: residence
FULL NAME OF		al or institut			land	perore admission
ISTITUTION			location)			limits, write RURAL and give
<u>I</u> 5	South Bo	ond St				2-01
		1000				n)
			rs. Days			
6.00	DLOR OR RACE				last birthday	rs If Under 1 Year If Under 24 Hours ) Months Days Hours Min.
done during most of worki	TION (Give kind of ng life, even if retired)		INDUSTRY			12. CITIZEN OF WHAT COUNTRY
Laborer						U.S.A.
	1211/201	CH	EMICAG (M)			
				Mollie Joh	nson	
no or unknown) (If	yes, give war or date	FORCES?	SECURITY NO	17. INFORMANT	C D	ADDRESS
	ar # I			Maggie Lewi	e 15 S. Bond	d St
18. 002 X	-		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF	CONDITION	DIRECTLY	1.0	-	-	
(This does not r	nean the mode o	f dying, e. g		meonary	1 u verculo	u ays
				1		
ANTE	CEDENT CAUS	ES				
DISEASES OF	CONDITIONS	C ANN CIVIN	(8)		***************************************	
RISE TO THE AB	OVE CAUSE (A)	STATING TH				
ONDEREIMO	COMPLIANT EX	31.				
			(C)			
			(C)			
OTHER SIGNIF						
TRIBUTING TO T	HE DEATH, BUT OR CONDITION	NOT RELATE CAUSING I	T			
TRIBUTING TO T	HE DEATH, BUT OR CONDITION	NOT RELATE CAUSING I	D	ATION		20. AUTOPSY?
TRIBUTING TO T TO THE DISEASE 19A. DATE OF OP	FICANT CONDITION OR CONDITION	NOT RELATE CAUSING I 9B. MAJOR	FINDINGS OF OPER		D. (If in Polkings 6	YES NO
TRIBUTING TO T	FICANT CONDITION OR CONDITION ERATION  WAS UNDER- NTRIBUTING	NOT RELATE CAUSING II 9B. MAJOR	T	n or   21c. WHERE DI		
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT 1  LYING OR CON CAUSE OF DEAT  21D. TIME (Month)	FICANT CONDITED THE DEATH, BUT CONDITION FRATION 15	PROT RELATE CAUSING 198. MAJOR  218. PLA about home, f	FINDINGS OF OPER	a or 21c. WHERE DI		YES NO
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT V LYING OR CON CAUSE OF DEAT	FICANT CONDITED THE DEATH, BUT CONDITION FRATION 15	POT RELATE CAUSING III  9B. MAJOR  21B. PLA  about home, f  (Hour)	FINDINGS OF OPER  CCE OF INJURY (e.g., in arm, factory, atreet, office bidg., decorporation)  2 1E. INJURY OCCURR  WHILE AT NOT WHILE	2 1c. WHERE DI 1NJURY OCCUR ED 21f. HOW DID	INJURY OCCUR?	YES NO City, give exact location)
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT 1  LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY	FICANT CONDITE DEATH, BUT CORDITION  ERATION 1  WAS UNDER- STRIBUTING H  H  (Day) (Year)	POT RELATE CAUSING I'  9B. MAJOR  21B. PLA  about home, f  (Hour)  m.	FINDINGS OF OPER  CE OF INJURY (e.g., in arm, factory, at reet, office bidg., c.)  2 IE. INJURY OCCURR  WHILE AT NOT WHILE WORK	21c. WHERE DI INJURY OCCUR	INJURY OCCUR?	YES NO City, give exact location)
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT ILLYING OR CONCAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby certains.	FICANT CONDITION THE DEATH, BUT TO OR CONDITION FRATION  WAS UNDER- TITRIBUTING H  TO (Day) (Year)  Wify that I att	NOT RELATE CAUSING 1 9B. MAJOR  21B. PLA about home, f  (Hour) m. ended the	FINDINGS OF OPER  CCE OF INJURY (e.g., if arm, factory, atreet, office bidg., compared to the second	21c. WHERE DI INJURY OCCUR	INJURY OCCUR?	YES NO City, give exact location)  1950, that I last saw th
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT ILLYING OR CONCAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby certains.	FICANT CONDITION THE DEATH, BUT TO OR CONDITION FRATION  WAS UNDER- TITRIBUTING H  TO (Day) (Year)  Wify that I att	NOT RELATE CAUSING 1 9B. MAJOR  21B. PLA about home, f  (Hour) m. ended the	FINDINGS OF OPER  CCE OF INJURY (e. g., it arm, factory, street, office bidg., control of the street, office bidge, control of the street, of the street, office bidge, control of the street, of the st	21c. WHERE DI INJURY OCCUR ED 21f. HOW DID	INJURY OCCUR?	YES NO City, give exact location)  19 <b>50</b> , that I last saw th on the date stated above
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT I LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY)  12. I hereby cer deceased alive of 23A. SIGNATURE	WAS UNDER- ITRIBUTING  (I) (Day) (Year)	PB. MAJOR  2 IB. PLA about home, f  (Hour)  m.  ended the	FINDINGS OF OPER  CCE OF INJURY (e. g., it arm, factory, atreet, office bidg., control of the street, office bidge, control of the street, of the street, office bidge, control of the street, of the stre	21c. WHERE DI INJURY OCCUR ED 21f. HOW DID  red at m., 1940,	INJURY OCCUR?	YES NO
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT ILYING OR CONCAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby condeceased alive or 23A. SIGNATURE  A. BURIAL, CREMAN, REMOVAL (Specify)	WAS UNDER- ITRIBUTING  WAS UNDER- ITRIBUTING  H  I) (Day) (Year)  Lify that I att	PROT RELATE CAUSING I 9B. MAJOR  2 IB. PLA about home, (Hour)  m. ended the A, 19.	FINDINGS OF OPER  CCE OF INJURY (e. g., it arm, factory, atreet, office bidg., control of the bidge, control o	21c. WHERE DI INJURY OCCUR ED 21f. HOW DID  red at	injury occur?  the causes and  Classe 24D. LOCATION (City,	PES NO City, give exact location)  1950, that I last saw the on the date stated above 23c. DATE SIGNED town, or county) (State)
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT V. LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby con deceased alive or 23A. SIGNATURE  A. BURIAL, CREMA N, REMOVAL (Specify Urial	WAS UNDER- ITRIBUTING  WAS UNDER- ITRIBUTING	PER PLANT OF THE PROPERTY OF T	FINDINGS OF OPER  CCE OF INJURY (e. g., in arm, factory, atreet, office bidg., deceased from the arm work and that death occur and that death of centre arm of the ar	21c. WHERE DI INJURY OCCUR  ED 21f. HOW DID  red a 3. Appress  RY OR CREMATORY  at. Cem.	INJURY OCCUR?  To the causes and  Congo  24D. LOCATION (City, Baltimore Ma	PES NO City, give exact location)  1950, that I last saw the on the date stated above 23c. DATE SIGNED town, or county) (State)  aryland
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT V. LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby con deceased alive or 23A. SIGNATURE  A. BURIAL, CREMA N, REMOVAL (Specify Urial	WAS UNDER- ITRIBUTING  WAS UNDER- ITRIBUTING	NOT RELATE CAUSING I 9B. MAJOR  21B. PLA about home, f  (Hour)  m.  ended the a, 19.50  S SIGNATU	FINDINGS OF OPER  CCE OF INJURY (e.g., it arm, factory, atreet, office bldg., of a treet, office bldg., office bldg., of a treet, office bldg., office bl	21c. WHERE DI INJURY OCCUR ED 21f. HOW DID  Tred a	INJURY OCCUR?  To the causes and  Class  24D. LOCATION (City,  Baltimore Management of the causes and	PES NO City, give exact location)  1950, that I last saw the on the date stated above 23c. DATE SIGNED town, or county) (State)
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT V. LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby con deceased alive or 23A. SIGNATURE  AA. BURIAL, CREMA ON, REMOVAL (Specify Urial	WAS UNDER- ITRIBUTING  WAS UNDER- ITRIBUTING	PER PLANT OF THE PROPERTY OF T	FINDINGS OF OPER  CCE OF INJURY (e.g., it arm, factory, atreet, office bldg., of a treet, office bldg., office bldg., of a treet, office bldg., office bl	21c. WHERE DI INJURY OCCUR  ED 21f. HOW DID  red a 3. Appress  RY OR CREMATORY  at. Cem.	injury occur?  the two of the causes and  Class  24D. LOCATION (City,  Baltimore Ma	PES NO City, give exact location)  1950, that I last saw the on the date stated above 23c. DATE SIGNED town, or county) (State)  aryland
TRIBUTING TO TO THE DISEASE  19A. DATE OF OP.  21A. ACCIDENT V. LYING OR CON CAUSE OF DEAT  21D. TIME (Month OF INJURY)  22. I hereby con deceased alive or 23A. SIGNATURE  A. BURIAL, CREMA N, REMOVAL (Specify Urial	WAS UNDER- ITRIBUTING  WAS UNDER- ITRIBUTING	NOT RELATE CAUSING I 9B. MAJOR  21B. PLA about home, f  (Hour)  m.  ended the a, 19.50  S SIGNATU	FINDINGS OF OPER  CCE OF INJURY (e.g., it arm, factory, atreet, office bldg., of a treet, office bldg., office bldg., of a treet, office bldg., office bl	21c. WHERE DI INJURY OCCUR ED 21f. HOW DID  Tred a	injury occur?  the two of the causes and  Class  24D. LOCATION (City,  Baltimore Ma	PYES NO City, give exact location)  1950, that I last saw the on the date stated above 23c. DATE SIGNED town, or county) (State)  aryland  ADDRESS
	PLACE OF DEATH Baltimore City, FULL NAME OF DSPITAL OR ISTITUTION  IS  ength of stay in  EX  6.CC  A USUAL OCCUPA  done during most of worki  Laborer  FATHER'S NAME  A 111e  WAS DECEASED EVE  no or unknown)  IS  DISEASE OF LEAL (This does not repart failure, ast injury or comp.  ANTE  DISEASES OR CRISE TO THE AB	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospit DEATH OR STITUTION  IS SOUTH BO  Length of stay in Baltimore  EX 6. COLOR OR RACE  A. USUAL OCCUPATION (Givekind of done-during most of working life, even if retired)  Laborer  FATHER'S NAME  A Ilie Brown  War # I  DISEASE OR CONDITION LEADING TO DEATH OR T	PLACE OF DEATH:  Baltimore City, Maryland Balto.  FULL NAME OF (If not in hospital or institut of partial or institut or i	PLACE OF DEATH:  PLACE OF DEATH:  FULL NAME OF (If not in hospital or institution, give street address or location)  FULL NAME OF (If not in hospital or institution, give street address or location)  ISSUITH BOND STITUTION  ISSUITH BOND STATE (If not in hospital or institution, give street address or location)  ISSUITH BOND STATE (If not in hospital or institution, give street address or location)  Yrs.  Mos.  Days  A. USAL OCCUPATION (Give kind of conceduring most of working life, even if retired)  Laborer  FATHER'S NAME  ALIIIE BROWN  WAS DECEASED EVER IN U. S. ARMED FORCES?  INDUSTRY  MANUAL SANABED EVER IN U. S. ARMED FORCES?  INDUSTRY  WAS DECEASED EVER IN U. S. ARMED FORCES?  INDUSTRY  MAT III BROWN  (If yee, give war or dates of service)  WAT # I  IB. DO X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	PLACE OF DEATH: Baltimore City, Maryland Balto. City  FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR STITUTION  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  Length of stay in Baltimore  IS South Bond St  IS So	PLACE OF DEATH: Baltimore City, Maryland Balto. City  A. STATE Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION  IS South Bond St  Ength of stay in Baltimore  A. STATE Balto. City  D. STREET ADDRESS (If rural, give location)  Balto. City  D. STREET ADDRESS (If rural, give location)  D. STREET ADDRESS (If rural, give location)  Balto. City  D. STREET ADDRESS (If rural, give location)  D. STREET ADDRESS (If rural, give location)  Balto. City  D. STREET ADDRESS (If rural, give location)  B. SDATE OF BIRTH  B. ACT W. STREET ADDRESS (If rural, give location)  B. SDATE OF BIRTH  B. SOUTH BOOM  B. SOUTH BOOM  B. SOUTH BOOM  B. SOUTH



3-11	655	CERTIF	ICATE C	DRRECTED_	4-14-50		-0 0010
50	29121	- 136835			EALTH DEPARTME	NT Register	50 2912
	I. NAME OF I (Type or Print)	DECEASED			L OI DEATH	2. DATE	0.00.40
	3. PLACE OF D		ee arana	m- BRANHAM	I A USUAL RESIDENCE		3-27-50
		City, Maryland	al or institution	give street address or	A. STATE	B. COUNTY	100
	HOSPITAL OR Baltimore City Hospital gocation)				c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
	21	4940 Eas	tern Ave		Baltimore		V Muze township
				Yrs.	D. STREET ADDRESS		
le		stay in Baltimore	25 yrs.	Days	2415 Caroline		
y and	Male	6.COLOR OR RACE	WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 2210988	9. AGE (In year last birthday)	s H Under 1 Year H Under 24 Huurs Min.
elearly	10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND 0	F BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
death	13. FATHER'S	NAME (D)	1	SHIPYPRE	14. MOTHER'S MAIDE	N NAME	0.3.
Jo	15. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT Rec	ords. Loun E	ADDRESS
med a month	(This doe heart fail: injury or	SE OR CONDITION LEADING TO DEA s not mean the mode our, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION L  II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION  INTERPRETATION INTERPRETATION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION INTERPRETATION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION  ENT. SUICIDE,	TH  of dying, e.g., uns the disease, caused death.)  SES  FANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED I CAUSING IT.  9B. MAJOR F	(A) Intrav	entricular hemo	orrhage sclerotic car	dio  20. AUTOPSY? YES YES
i de	HOMICIDE	(Specify)  (Month) (Day) (Year)	about home, farm	E. INJURY OCCURR	etc.) INJURY OCCUR?		ty, give exact location)
	OF INJURY	(month) (Day) (1ear)	wнı	LE AT NOT WHILE AT WORK	21F. HOW BID INS	DRY OCCUR?	
	deceased a	live on Mar 27		eeased from 3- d that death occur		Mar.27, 1	9_50 that I last saw then the date stated above.
	23A. SIGNA		Cha	ell M. D.	4940 Eastern Av	re.	23c. DATE SIGNED 3-2.7-50
	24A. BURIAL, TION, REMOVAL (S BURIA DATE RECEIVE LOCAL REGIST	MARCH D BY REGISTRAR	30/950 S SIGNATURE	WILHOIT	PRI. CEM. A. 25. FUNERAL DIRECTO	LOCATION (City, to	
	VS 150	- 67		4841			93) Mo.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF JESSIE L. BALLANTYNE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN Kenesaw Nursing Home INSTITUTION 2601 Roslyn Ave. Baltimore

7. SINGLE, MARRIED

widow

at home

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

SECURITY NO. 212-07-2026

Yrs. Mos.

Days

INDUSTRY

8. DATE OF BIRTH

Scotland

July 29. 1867

Registered No. Mar. 25, 1950 before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 5510 Windsor Mill Rd. 9. AGE (In years last birthday) Months Days Hours ! Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Elizabeth Allen 17. INFORMANT rielle 551 ADDRESS Rd. Woodlw Gabriella Slator 3510 Windsor Mill NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour)

(Specify)

21A. ACCIDENT, SUICIDE.

deceased alive on luck

HOMICIDE

23A. SIGNATURE

ength of stay in Baltimore

work done during most of working life, even if retired)

Peter Lyall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

housewife

female

18.

13. FATHER'S NAME

6. COLOR OR RACE

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR

OF INJURY

WORK

WHILE AT

21E. INJURY OCCURRED NOT WHILE

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

22. I hereby certify that I attended the deceased from Oct 30, 1979, to had I last saw the 301910, and that death occurred at 40, m., from the causes and on the date stated above. 238. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Removal

3/28/50 Bethesda Cem. REGISTRAR'S SIGNATURE LILL

Holtwood, Pa. 25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

WMQ JOTICKNER & SONS

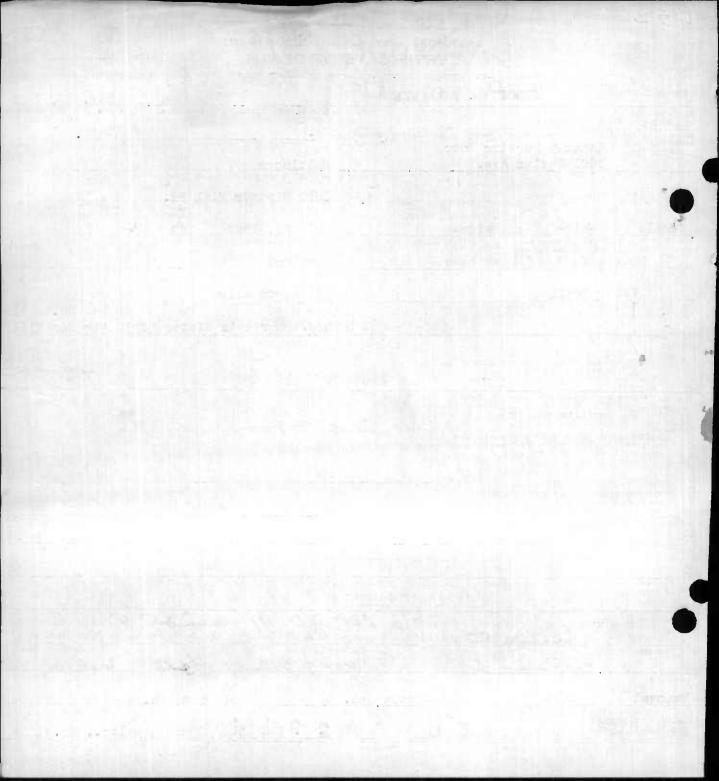
24b. LOCATION (City, town, or county)

ADDRESS

23c. DATE SIGNED

VS 150

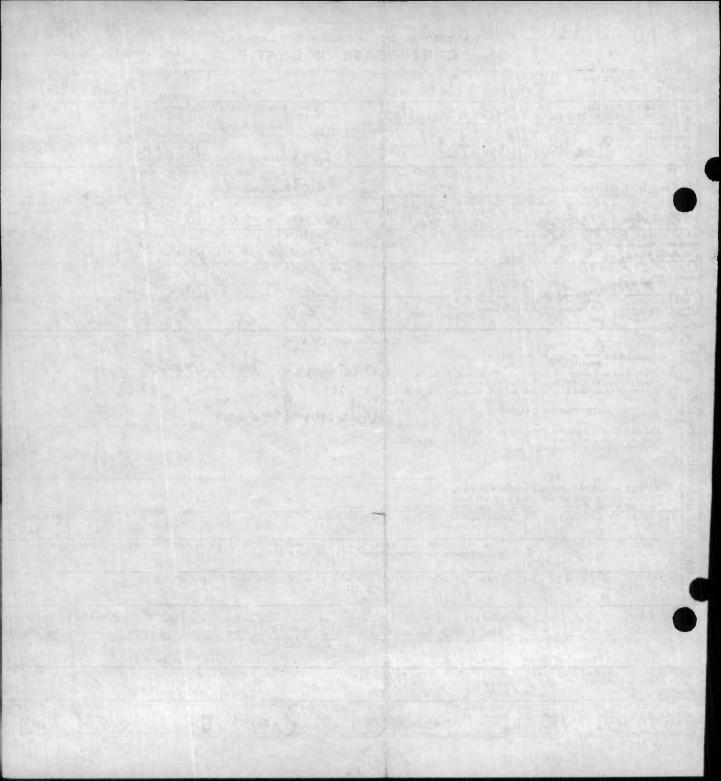
DATE RECEIVED BY



ments, prease write the causes of death clearly and leg

AKTHUY COLLING X 50 2914

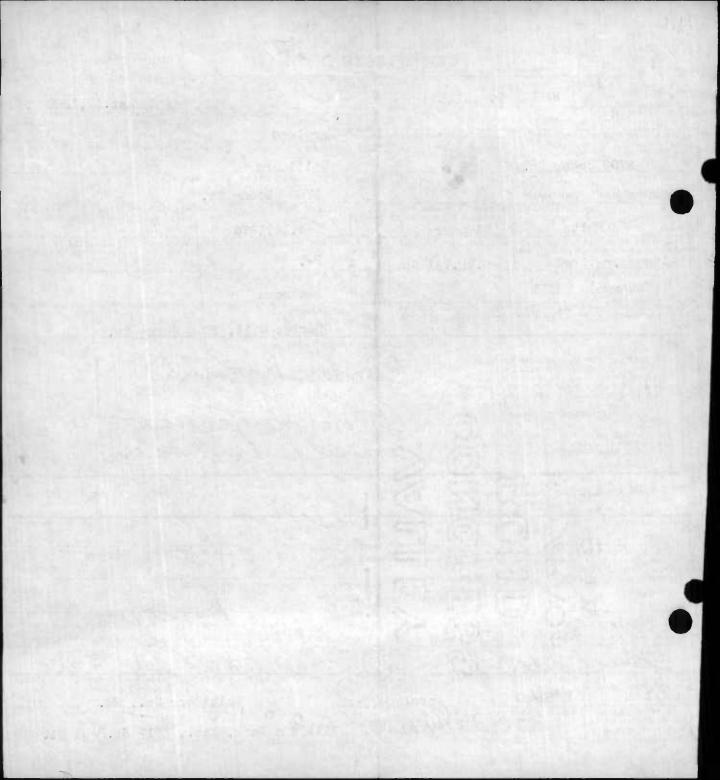
13. FAMER'S NAME  FRANK  15. WAS DECEASED EVER IN U.S. ARVED FORCES? (Yes, go or unknown) (If yes, give way to supply of service)  16. J.	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No_			
A. USUAL RESIDENCE (Where decased lived. If metation in residence of the party of the control of the party of th		s arthur		OF 4.7.X	1.1950		
County of township   County	A. Baltimore City, Maryland		A. STATE 1	here deceased lived. If insti			
Leading to the stay in Baltimore   No.	HOSPITAL OR OL MI	pital location)	C. CITY OR TOWN (If	11 1 1 1 1 1			
MANUAL OCCUPATION (Givelind) 108. KIND OF BUSINESS OR MORE DAYS HOURS MIDUSTRY Wed deceduring only or works like sore freshed to the provide of the provide	Length of stay in Baltimore	Mos.	Ala II. W.	0			
NOUSTRY  NEW JOLK City  NATIONAL STANSON AND STANSON SECURITY NO. 17. INCOMPANT  13. FACHER'S NAME  FRANK  15. WAS DECRAED EVER IN U.S. ARMED MORCES? (15. SOCIAL SECURITY NO. 17. INCOMPANT  16. L.J. D. Organism of services (17. Security No. 17. INCOMPANT  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of services (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  18. L.J. D. Organism of security (17. Security No. 17. INCOMPANT)  19. L. A. ACCIDENT, SUICIDE.  19. L. A.	male white "	VIDOWED DIVORCED (Specify)	6-9 -1891				
SECURITY NO.   16. SOCIAL   17. INCOMPANT   18. ADDRESS   16. SOCIAL   17. INCOMPANT   18. ADDRESS   18. SECURITY NO.   18. ADDRESS   18. SECURITY NO.   18. ADDRESS   18. SECURITY NO.   18. ADDRESS   18. ADDRES	work done during most of working life, even if retired)		New York Ci				
18.   70   CAUSE OF DEATH   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH   CTAUSE OF DEATH   CT	P - 1 // //	2	14. MOTHER'S MAIDEN NA	San .			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  ANTECEDENT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.  11 (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF OPERATION  12 A. ACCIDENT, SUICIDE, about bosse, farm, factory, street, office bidg, etc.)  13 A. DATE OF OPERATION  13 A. DATE OF OPERATION  14 A. ACCIDENT, SUICIDE, about bosse, farm, factory, street, office bidg, etc.)  21 D. TIME (Month) (Day) (Year) (Hour)  22 D. TIME (Month) (Day) (Year) (Hour)  21 D. TIME (Month) (Day) (Year) (Hour)  22 I. hereby certify that I attended the decreased from the date stated above.  23 A. SIGNATURE,  23 B. ADDRESS  24 A. DATE SIGNATURE  24 A. BURIAN, CREMA  24 DATE SIGNATURE  24 A. DATE SIGNATURE  25 A. BURIAN, CREMA  26 DATE SIGNATURE  26 DATE SIGNATURE  27 A. BURIAN, CREMA  28 DATE SIGNATURE  29 DATE RECEIVED BY RESISTRA'S SIGNATURE  24 C. NAME OF REMETERS A CREMATORY 240 COCATION (City, jown, or couldn') (State)  DATE RECEIVED BY RESISTRA'S SIGNATURE  25 DATE RECEIVED BY RESISTRA'S SIGNATURE  26 DATE RECEIVED BY RESISTRA'S SIGNATURE  27 DATE RECEIVED BY RESISTRA'S SIGNATURE  26 DATE RECEIVED BY RESISTRA'S SIGNATURE  27 DATE RECEIVED BY RESISTRA'S SIGNATURE  27	15. WAS DECEASED EVER IN U.S. ARTYED FOR (Yes, no or unknown) (If yes, give way or depend of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT MI (	Rogers, Int	ESS NING		
Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)    ANTECEDENT CAUSES			OF DEATH				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION CAUSING IT.  12 A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  VES NO 21 A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) injury occur?  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  22. I hereby certify that I attended the deceased from 4 work 1 work 1 work 1 work 1 work 1 work 2 work 1 work 1 work 1 work 2 work 1 w	LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the	ng, e. g., (A)	owary thron	woss			
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES  NO  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  23ID. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCUR?  23		art	troschrosis				
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES  NO  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  23ID. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCUR?  23	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES  NO  21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  23ID. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCUR?  23	11	_(C)					
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)  21c. WHERE DID (If in Baltimore City, give exact location)  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21c. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21c. How DID Injury Oc		RELATED					
22. I hereby certify that I attended the deceased from 194/to Mark 7, 1950, that I last saw the deceased alive on 2/28, 1950, and that death occurred at 2:15 fm., from the causes and on the date stated above.  23A. SIGNATURE  A. BURIAL CREMA- 248. DATE  DATE RECEIVED BY  LOCAL REGISTBAR  MAR 9 9 50  PART   1950, and that death occurred at 2:15 fm., from the causes and on the date stated above.  24C. NAME OF GEMETERY OF CREMATORY 24D COCATION (City, town, or couldn') (State)  DATE RECEIVED BY  LOCAL REGISTBAR  MAR 9 9 50  MAR 100  21F. HOW DID INJURY OCCUR?  A 1950, that I last saw the deceased from 1950, that I last saw the deceased alive on 2/2 fm., from the causes and on the date stated above.  23B. ADDRESS  24C. NAME OF GEMETERY OF CREMATORY 24D COCATION (City, town, or couldn') (State)  DATE RECEIVED BY  LOCAL REGISTBAR  MAR 1950  ADDRESS  MAR 1950  ADDRESS  MAR 1950  ADDRESS  ADDRESS  MAR 1950  ADDRESS  A	19a. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	ATION				
216. TIME (Month) (Day) (Year) (Hour)  OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from the deceased alive on 2 to 1950, and that death occurred at 2:15 fm., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  A. BURIAL CREMA- 24B. DATE  THON. REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTBAR  MAR 9 9 50  REGISTBAR SIGNATURE  21F. HOW DID INJURY OCCUR?  1950, How I last saw the deceased from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  ALLOW  ALLOW  DATE RECEIVED BY REGISTBAR'S SIGNATURE  25F THERM DIRECTOR  ADDRESS  MAR 9 9 50  ADDRESS  MAR 10 10 10 10 10 10 10 10 10 10 10 10 10			21C. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)		
22. I hereby certify that I attended the deceased from you , 194 to mark 2, 1950, that I last saw the deceased alive on 2/8, 1950, and that death occurred at 2:15 fm., from the causes and on the date stated above.  23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED when we will be a supported in the causes and on the date stated above.  23B. ADDRESS 23C. DATE SIGNED (State) For REMOVAY (Specify) 3/3/50 Above 24C. NAME OF CEMETERY OF CREMATORY 240 COCATION (City, town, or county) (State) DATE RECEIVED BY LOCAL REGISTBAR ADDRESS	21D. TIME (Month) (Day) (Year) (House	WHILE AT NOT WHILE	21F, HOW DID INJURY	OCCUR?			
deceased alive on 2/28, 1950, and that death occurred at 2:15 fm., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  24C. NAME OF CEMETERY OF CREMATORY 24D COCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D COCATION (City, town, or county)  25C. DATE SIGNED  24C. NAME OF CEMETERY OF CREMATORY 24D COCATION (City, town, or county)  24C. NAME OF CEMETERY OF CREMATORY 24D COCATION (City, town, or county)  25C. DATE SIGNED  25C. DAT	22. I hereby certify that I attended	A.	w , 194/10 /	narly 28, 1950, th	at I last saw the		
DATE RECEIVED BY LOCAL REGISTERRY  M.D. 2711 Curfer Cell 3/14/50  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)  24c. NAME OF CEMETERY OF CREMATORY 240 FOCATION (City, town, or county) (State)	deceased alive on 3/28, 19	50, and that death occur		e causes and on the de	ate stated above.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTER MAR 29 950 Hutington Williams Mar Sylvani Calmington 1217 Toulst	melin Jan	1.	2711 Custon	au	3/2/50		
MAR 29 950 Hutington Nalisans Miles Jalkann (25) me 12/10 Toulst	June Burial CREMA- 248 DATE		RYPA CREMATORY 240 EO	Limoy	(State)		
10497 94a	LOCAL PECISTRAD	62 ( 00 -	25/FUNERAL DIRECTOR	Am 12/1	Houlst		
	VS 150	1049	)	9	4 a		



## BALTIMORE CITY HEALTH DEPARTMENT

50 2915

BII	RTH NO.			CERTIFICATI	E OF DEATH	Regi	istered N		
1.	NAME OF D	ECEASED				2. DATE		-	
(T)	pe or Print)	HARRY	D. H	ILL		OF DEATH	7/101	27.19	350
	PLACE OF D				4. USUAL RESIDENCE	CE (Where decease	d lived. It	institution:	residence
-	FULL NAME	City, Maryland OF (If not in hospit	al or institu	tion, give street address or	Maryland	B. CO	UNTY	befo	re admission
HO	SPITAL OR	(11 1100 111 1100)		location)	c. CITY OR TOWN	(If outside corpo	orate limits	s, write RUI	RAL and give
1	la.	00 Boone St.			Baltimore		7-0	4	township
1	310	SO BOOMS DUE		Yrs.	D. STREET ADDRESS	(If rural, give lo	cation)	1	
	ength of s	tay in Baltimore		Mos. Days	2700 Boon	e St.			
	ĒΧ	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (11	n years If	Under 1 Year	If Under 24 Hours
Ma	le	White	Wide	VED, DIVORCED (Specify)	Dec.14,187		73	nths Days	Hours Min
10/	. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (State			12, CITIZI	
WOIL	Linemann		C 8-1	Tel Co	Pa.			WHAT	COUNTRY
13.	FATHER'S N		0.001	*TET OF	14. MOTHER'S MAID	EN NAME	1		
	(Unkno	own) Hill			Unknown				
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		Δ.	DDRESS	
No		(If yes, give war or date	s of service)	SECURITY NO.		1 9700 P.			
	18 / . / .			CALISE	Charles Hill	1. 2/UU DOG	one St		AL BETWEEN
	DISEAS	E OR CONDITION	DIDECTIV		be bearing h	11	-	ONSET	AND DEATH
		LEADING TO DEAT	ГН	- Clas	ours lhis	Markete	1		
	heart failu	re, asthenia, etc. It mea	ns the diseas	e.		0000000		******	
	injury or	complication which c	aused Ceati	1.) DUE TO					
_	ANTECEDENT CAUSES (Interpretation for the Control of the Control o								
0		OR CONDITIONS, II			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	) Coara	20		.,
ATION		HE ABOVE CAUSE (A) 'ING CONDITION LA		HE DUE TO	cullar Va	and de	201		
FIC)				(C)		uar.			
RTIF		11							
ER		IGNIFICANT CONDI							
O L	TO THE DI	SEASE OR CONDITION	CAUSING 1	т					
7	19A. DATE O	F OPERATION 0 1	9в. MAJOR	FINDINGS OF OPER	ATION			Г	UTOPSY?
0 -	214 ACCID	ENT WAS HADED	2 IB PL	ACE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimo	mo City o	YES L	_ NO L
MEDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg., e	INJURY OCCUR?	(II III Daluino	ire City, g	ive exact i	ocation)
	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID IN	JURY OCCUR?			
			m.	WHILE AT NOT WHILE		6.	-		
	2. I hereby	y certify that I att	ended the	deceased from 12	26.3 1950 t	Mars	1/195	D that I le	ast saw th
		ive on Thear 2		and that death occur		om the causes of			
	23A. SIGNAT		201	2	3B. ADDRESS	7/1/1	-AP		TE SIGNED
	James	uel In/V	nye	M. D.	1331 T.	unca /	we.	3-7	
24. TIO	A. EURIAL, C	REMA- 248. DATE		24C. NAME OF CEMETER	RY OR CREMATORY 2	4D. LOCATION (C	city, town,	or county)	(State)
Bu	rial	3/30/50		Moreland Par	rk	Baltimore (	Co. N	id.	
DA	TE RECEIVED	0.40		JRB()	25. FUNERAL OREC	TOR O	-	ADDRESS	5
- 8	MAR 291	250 Pam	tigator	/ Miliania / MIN	Willia m Coo	k, Inc., 1:	217 St	Paul	Sta
	VS 150		- 0	1/0	100				
				750	15			13	1a



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BI	RTH NO.			TIMORE CITY HE	EALTH DEPARTMEN E OF DEATH	T Registered N	0
1.	NAME OF OECEAS		irgini	a Felter		2. OATE OF Mar	27-1950
A.	PLACE OF DEATH: Baltimore City, Maryland 5713 Pimlico Road FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution : residence before admission	
HO	STITUTION	(11 not in nospit	ar or mstruut	location)		(If outside corporate limits	, write RURAL and giv township
	Length of stay in	Baltimore	6 Mo	Yrs. Mos. Days	D. STREET AODRESS	If rural, give location)	
	EX 6.00	LOR OR RACE		MARRIED. ED, DIVORCED (Speniy)	8. OATE OF BIRTH Cct 27-1870		Under 1 Year H Under 24 Hour ths Days Hours Min
10. work	A. USUAL OCCUPA done during most of working HOUSEW11	g life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Baltimor	e Co. Md.	12. CITIZEN OF
13	FATHER'S NAME	Martin			14. MOTHER'S MAIDEN		
15 (Yes	. WAS DECEASED EVE	R IN U. S. ARMEI	D FORCES?	16. SOCIAL NONE TY NO.	17. INFORMANT Mrs Mae Bar	rett ,Luther	ville ,Md
ERTIFICATION	heart failure, ast injury or compl  ANTE  DISEASES OR ( RISE TO THE AB UNDERLYING	cedent CAUS CONDITIONS, I	caused death SES F ANY, GIVIN STATING TH	(B)	LI V Slee	Cherous earis	Suddee
ERTIF	OTHER SIGNIF						
L CE	TO THE DISEASE	OR CONDITION	CAUSING I		ATION		20. AUTOPSY?
EDICA	21A. ACCIOENT. S HOMICIDE (Spe	UICIDE, reify)		CE OF INJURY (e. g., in arm, factory, street, office hidg., e		(If in Baltimore City, g	YES NO Live exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  MHILE AT WORK  MORK AT WORK						
	deceased alive or			deceased from 10 and that death occur	red at 379, from	the causes and on th	, that I last saw the date stated above
20	A. BURIAL, CREMA	24B. DATE	2/10	AC. NAME OF CEMETE	3B. AOORESS	LOCATION (City, town,	3/28/50 or county) (State)
TIO	N. BENOVAL (Specify)	Mar 30	-1950	Druid Rid	ge F	Pikesville,	Md.
LC	ATE RECEIVED BY MAR 2 9 1950	REGISTRAR	tington	15 1 10 2	In Burns	Dono 610Y	address ork Road 1
	VS 150		4 0 -	/:/	7 9 1 7	IOW	son 4

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# BALTIMORE CITY HEALTH DEPARTMENT

50 2917

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered ?	No
1.	NAME OF Di ype or Print)	Luc	y L. F	Hunley		2. DATE OF DEATH Mai	28-1950
3. A.	PLACE OF DE Baltimore C	ity, Maryland	3502 F	airview Ave	4. USUAL RESIDENCE	E Where deceased lived. If	institution : residence before admission
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi	tal or institu	tion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate limi	ts, write RURAL and giv
	Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
		6. COLOR OF RACE	7. SINGL	E. XIXARREDY Y	8. DATE OF BIRTH	19 ACE (In vegre)	if Under 1 Year onths Days Hours Min.
10. work	done during most of	CUPATION (Give kind of working life, even if retired one	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Gloucester C		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N				14. MOTHER'S MAIDE	N NAME	
	W.F	R.B. Hunley			Susan Lai	ne	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	No			None	Alfred S.H	unley 607 So	merset Rd.1
RTIFICATION	heart failur injury or DISEASES RISE TO TE	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS. HE ABOVE CAUSE (A ING CONDITION L	ans the dises caused deat SES IF ANY, GIVI	(B)	el vagiun	Rectum with	
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
7				R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21s. PL	ACE OF INJURY (e. g., i	or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	YES NO give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT WORK AT WORK						
	2. I hereby certify that I attended the deceased from Oct 12, 1945, to 26 mm, 1950, that I la deceased alive on 28 mm, 1950, and that death occurred at 3 mm, from the causes and on the date sta						ne aate statea above
	23A. SIGNAT	NE Porgo	uly	M. D.	38. ADDRESS WA	Cortas	23c. DATE SIGNED
24 TIO	Burial C Burial	REMA- pecify) Mar 3	0-1950	24C. NAME OF CEMETE		D. LOCATION (City, town	
DA	TE RECEIVED	In Marca	- Australia		25. FUNERAL DIRECT	OR VOI	ADDRESS

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50 2918

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2918 Registered No.

B	IRTH NO.						
	NAME OF D 'ype or Print)		Vantin			2. DATE OF	-1- 07 1070
_		Ida V.	<i>neatin</i>	g		DEATH Mar	ch 27, 1950
A.		City, Maryland			A. STATE	E (Where deceased lived, : B. COUNTY	If institution: residence before admission
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland		
	STITUTION			location)	C. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give
0	0 4	802 Althea	Ave.		Baltimore		6 2 township
				Yrs.	D. STREET ADDRESS	(If rural, give location)	
_	Length of s	tay in Baltimore	Life	Mos. Days	4802 Alth	ea Ave.	
	EX	6. COLOR OR RACE	The second liverage of	, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	F &	White	WIDOW	ED. DIVORCED (Specify)	10/16/60	last birthday)	Months Days Hours Min.
_	T. W		Sing			09	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
Oz.	None	MOLTING HIE GAGE H LEFILED)	Ho	Me	Baltimo re	Md.	TISA COUNTRY
	FATHER'S		****				ODA
					14. MOTHER'S MAIDE		
		Keating		ACCUSE NOT TO	Sarah J.	Hammond	•
15	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Ye	a, no or unknown)	(If yee, give war or date	s of service)	SECURITY NO.			
	No	No		NO	pagie Megge	1 4804 Alth	lea Ave.
	18. 56	12-V		CAUSE	OF DEATH		INTERVAL BETWEEN
	2 (	^ 1		0,1002	o. DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEA	DIRECTLY	1.			
		not mean the mode	of dying, e. g	5., (A)	our my	and deles	1940
	heart failu	re, asthenia, etc. It mea complication which o	ns the diseas	e, Due to			
	injury or	complication which c	auseu death	.) Due 10		shall Mostul	
		ANTECEDENT CAUS	SES	_/	1 9 1	11 121-11	- 1940
Z				(B)	Lucrel	stead / July	9
2		S OR CONDITIONS, I		16		1	
7	UNDERL	HE ABOVE CAUSE (A)	STATING TH	RE DUE TO			
3							39
L				(C)	14**1'*100000000000000000000000000000000		
	0=11=	11					
ıl	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	N -	1		
J	TO THE D	ISEASE OR CONDITION	CAUSING 1	т	•••••••••••••••••••••••••••••••••••••••		
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
<	MENTAL ME						YES NO
2		NT. SUICIDE,	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
3	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
Ξ							
N	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID IN	JURY OCCUR?	
,	OF INJURY		1	WHILE AT   NOT WHILE			
			m.	WORK AT WORK			
	32. I hercb	y certify that I att	ended the	deceased from Let	29 , 1950, to	mer 27, 19.	that I last saw the
	deceased a	ive on hear 26	1950	and that death occur	red at 2;30 m. fr	om the causes and on	that I last saw the
	23A, SIGNA	TURF	,,	1 2	3B. ADDRESS		23c. DATE SIGNED
		. 013	مز بسد رجب	A CONTRACT OF STREET	1663 W. 710	ME.	3-28-50
2	4A. BURIAL,	CREMA- 24B, DATE	1.	M. D. 24C. NAME OF CEMETE	PY OR CREMATORY 2	4D. LOCATION (City, tow	
TI	ON, REMOVAL (S	pecify)			44 14 14 14 14		n, or country (State)
	Bunica	3/31/5	0	Baltimore	B	altimore Ma	ryland
D.	Bunial ATÉ RECEIVE	D BY   REGISTRAR		RE I	25. FUNERAL DIRECT	OR	ADDRESS
L	JUAL REGIST	NAG -	- VII 1	A / 100	T 00 01	0000000	
_	11R79	33U	200		d. lostansbu	ry 2700 Edmo	ndson Ave.
-	VC 150		1000	· · · · · · · · · · · · · · · · · · ·	14		

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### BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICATI	E OF DEAT	H	egistered i	
	NAME OF D		-1- C			2. DAT		5 50
3.	PLACE OF D	Frederi			4. USUAL RESIDE	ENCE (Where dece		25-50 institution: residence
A.	Baltimore (	City, Maryland Ba	lto. J	Md.	A. STATE	В. (	COUNTY	before admission
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Baltime		rporate limi	ts, write RURAL and give
IN	ISTITUTION	4206 Wilsh	ino A	37.0			01	township
2		4200 111151	III A	Yrs.	Baltimor	SS (If rural, give	location)	
0	ngth of s	stay in Baltimore		Mos. Days	4206 Wils	shire Ave		
1	X	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE	(In years	H Under 1 Year   It Under 24 Hours
1	Male	White		VED, DIVORCED (Specify)  OWEr	3-7-1860	90	oirthday) M	onths Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE		ntry)	12. CITIZEN OF
-	ffice	140	U.B.	F.G. INDUSTRY	BALTO-	MD-		WHAT COUNTRY
	FATHER'S				14. MOTHER'S MA			
		Unknown		Dr. Albania III	J	Jnknown		
15 (Va	. WAS DECEAS	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL	17. INFORMANT		A	DDRESS
(10			-	SECURITY NO.	Pauline I	oemer 33	07 Nob	le Street
	18. //	16 X		CAUSE	OF DEATH			INTERVAL BETWEE
	DISEA	SE OR CONDITION	DIRECTLY					ONSET AND DEAT
		LEADING TO DEA	TH	g., (A) Ca	relitio			3700.
	heart failt	ure, asthenia, etc. It mea	ns the diseas	se,	1	•		
		ANTECEDENT CAUS					- 1 -	,
z		ANTECEDENT CAUS	065	(B) plu	ستختسس	. arttur	te,	
9	DISEASE RISE TO	S OR CONDITIONS, I	F ANY, GIVII	NG HE DUE TO			7	
A	UNDERL	YING CONDITION LA	AST.					
F				(C)				
ERTIFICATION	OTHER S	II SIGNIFICANT COND	ITIONS CO	N -				
CE	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED Carles	ing huge	utterso	w.	
				FINDINGS OF OPER	ATION			20. AUTOPSY?
Y Y			-					YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., ir farm,factory,street,officebldg.,e			imore City,	give exact location)
ME								
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR	17	
1			m.	WHILE AT NOT WHILE				
	2. I hereb	y certify that I att	ended the		arch 14, 194	to March	W, 19V	that I last saw th
			Y, 19 40,	and that death occur	red at 130 Gm.	, from the cause	s and on t	
	23A. SIGNA	TURE / COR	Tilent	1 .luo  2	3B. ADDRESSU. K	enwand	0.	239. DATE SIGNED
2	4A. BURIAL,	CREMA- 24B, DATE	7	M. D. 24c. NAME OF CEMETE	BY OR CREMATORY	24D. LOCATION	(City town	or county) (State)
	ON, REMOVAL (S	Specify)						
D	Burial ATE RECEIVE	3-29-5 D BY   REGISTRAR		Loudon Park	25. FUNERAL DIR	Baltimo	Ze mu.	ADDRESS \
LC	CAL REGIST	RAPA -1-	him from	Will:	1200	219	Do	V
63	108 / 3 /	330	water.	musicality	1 CILLAN	Jorth.	why	nacos
	VS 150		6.2	Value of the second	5118 Gwyr	n Oak Av	e.	95B
					DITTO GILLA	TTT O COLL STA	- 4	100

L. D. R. C. E. E. I. · The second of the column

## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No
1. NAME OF DECEASED	ertrude Sapp	g	2. DATE OF DEATH MAI	tch 26,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospita	al or institution, give street address o	4. USUAL RESIDENCE () A. STATE  Maryland	Where deceased lived, I. B. COUNTY	f institution; residence before admission)
HOSPITAL OR INSTITUTION 1080 W. Fai	location		f outside corporate limi	ts, write RURAL and give
	Yrs. Mos.	D. STREET ADDRESS ()f		
Female Colore	Days 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) WidOW	1080 W. Fair 8. DATE OF BIRTH Feb. 10.1895	9. AGE (in years)	If Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)  Dome stic	10B, KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	U. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unknown 15. WAS DECEASED EVER IN U. S. ARMED		Unknown		
Yes, no or onknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	M's Alice Wil:		Fairmount
DISEASE OR CONDITION E  LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es  ANTECEDENT CAUSI  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS  UNDERLYING CONDITION LAS  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT	if dying, e.g., as the disease, aused death.)  ES  ANY, GIVING STATING THE  OC. Herric  (C) Herric  (C) Herric	tensine cardi se plegra Emaci	o-vascular	
TO THE DISEASE OR CONDITION	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
¥				YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c, WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURE  MHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
R. I hereby certify that I attended alive on 3-26	, 1950, and that death occu	rred at 10:451.m., from t	he causes and on t	
23A. SIGNATURE	ell M.D.	718 Solphin RY OR CREMATORY 1 240. L	_8.	3-28-50
24A. BURIAL, CREMA- 24B. DAFE ION, REMOVAL (Specify)		777		
LOCAL REGISTRAP	SSIGNATURE Williams M.	25. FUNERAL DIRECTOR	Itimore, M Jemsley 578	W. Biddle St
		1		

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	2004
Registered No	2921

npor ant. Physicians: please write the causes of death clearly and leg-

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)  Togonh Bridges  OF	March 25.1950					
3. PLACE OF DEATH:   4. USUAL RESIDENCE (Where decease						
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	orate limits, write RURAL and give township					
Yrs. D. STREET ADDRESS (If rural, give in Mos. 576 Moore C+	ocation) •					
EX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (J. last birth	n years					
Male Colored Married May 8, 1882 67  10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country INDUSTRY)	ry)   12. CITIZEN OF WHAT COUNTRY					
Laborer Served North Carolina  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	U. S. A.					
Joseph Bridge Bettie Spicers						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 18 Cora Bridges 53	ADDRESS					
18. 4/2 0. / CAUSE OF DEATH	INTERVAL BETWEE					
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT.	Diser					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  V 21A ACCIDENT SUICIDE 23B PLACE OF INJURY (a.g. in or 1.21c, WHERE DID. (If in Baltim	YES NO					
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  NOT WHILE AT WORK AT WORK						
c2. I hereby certify that I attended the deceased from 12/20 19, to 3/21, 100, that I last deceased alive on 1, 100, and that death occurred at 1, 100, that I last deceased alive on 1, 100, and that death occurred at 23A. SIGNATURE 23A. SIGNATURE 23A. ADDRESS 23C. ATE						
Burial 3-31-50 Tarboro,	City, town, or county) (State)  NOrth Carolina  ADDRESS					
DATE RECEIVED BY REGISTRAR'S SIGNATURE COLOR PROPERTY OF TRACES A. Hemsley	578 W. Biddle St.					

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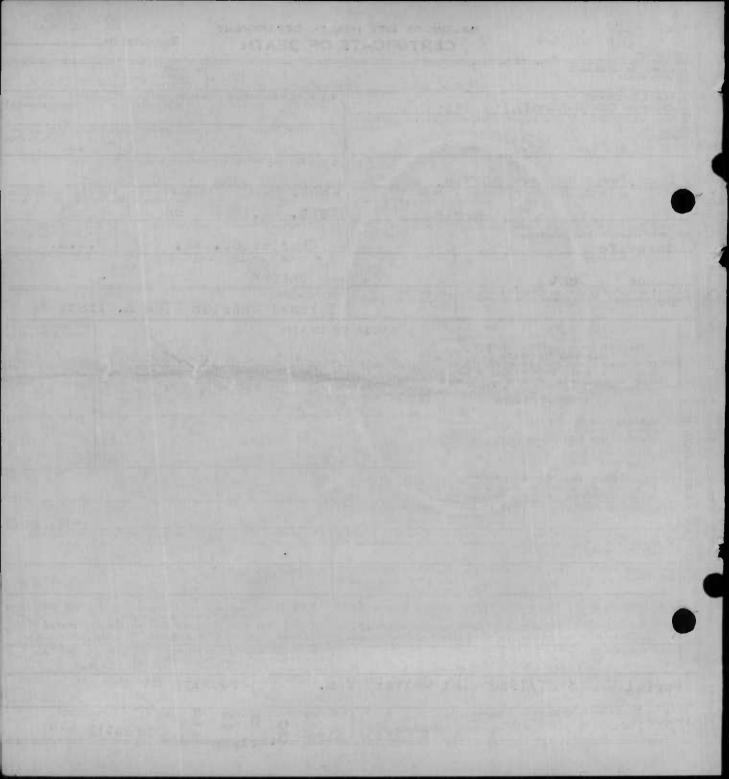
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. Baltimore City, Maryland Balto City B. COUNTY A. STATE before admission) B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR (If outside gorporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural give location) Mos. should be car c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. 25.1895 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Housewife Charles Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Every item of informat, rrite the causes of death Unkown Dent Joe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yeshippr unknown) SECURITY NO Bernard Shorter IIO5 E. Pratt St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH enesse brotie (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, thereon and from and death in my opinion resulted from: natural causes 🖳 accident 🔲, suicide 🔲, homicide 🔲, undetermined 🗍. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL CREMA TION MENORAL (Specify NONT OF STATE OF CREMATORY B4000K1TON (MH, town, or coupty) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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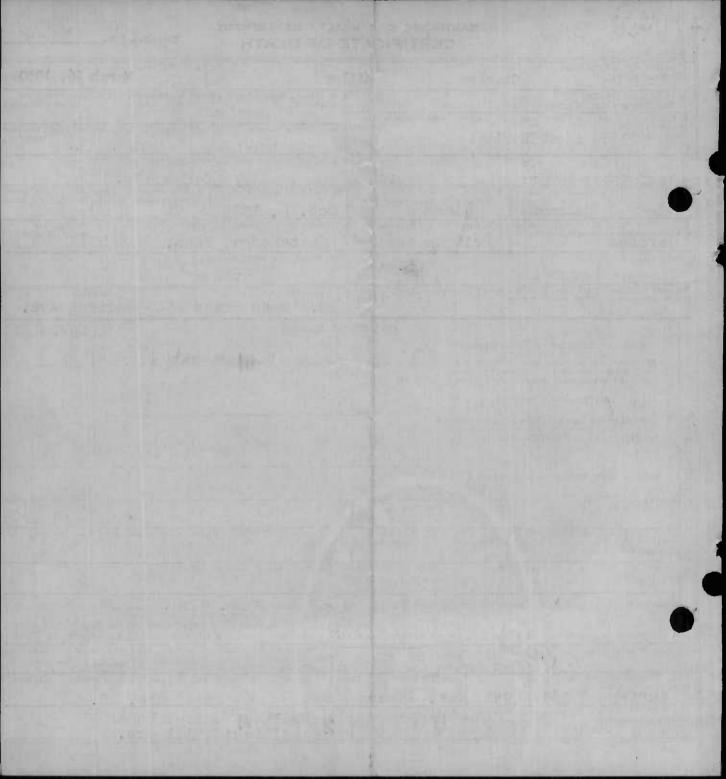


# BALTIMORE CITY HEALTH DEPARTMENT

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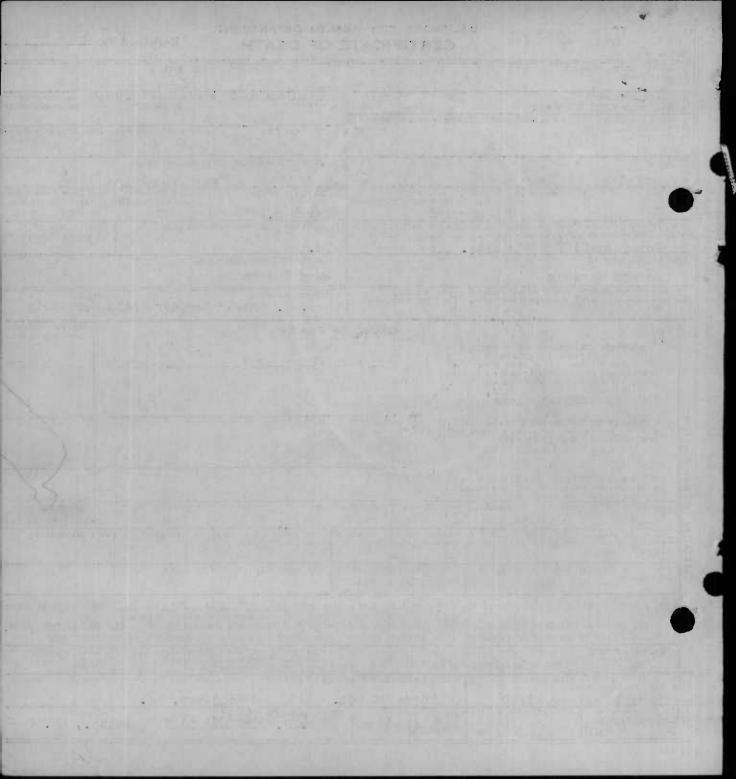
CERTIFICAT	E OF DEATH	Registered I	10.
Charles Mil	ller	2. DATE OF Ma:	rch 26, 1950
	A. STATE	ere deceased lived. If	institution: residence before admission
	C. CITY OR TOWN (If o	utside corporate limit	s, write RURAL and give township
		//	1 Collon
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WidoWed	8. DATE OF BIRTH	9. AGE (In years	onths Days Hours Min.
of 108. KIND OF BUSINESS OR INDUSTR' Private family	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	14. MOTHER'S MAIDEN NAM	ME	
ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS dison Ave.
Caused death.) DUE TO  ISES  IF ANY, GIVING ) STATING THE DAST.  OITIONS CON- T NOT RELATED N CAUSING IT.			
198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If ,etc.) INJURY OCCUR?	in Baltimore City, 1	give exact location)
		OCCUR?	
said Autopsy, Inspection or	Autopsy, In Inquiry, find that said dec	eased died on th	_ thereon and from
resulted from: natural cause	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX	AMINER   23	ndetermined [].
resulted from: natural cause	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATOR ERY OR CREMATORY 240. LOC	AMINER 23 AMINER M R. M CATION (City, town,	ndetermined c. DATE SIGNED  Prch 27, 1950 or county) (State)
resulted from: natural cause	238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATOR PROPERTY OF CREMATORY 240. LOCAL PROPERTY 240. LOCAL PROPERT	AMINER 23 AMINER   M CATION (City, town,	ndetermined c. DATE SIGNED  Prch 27, 1950 or county) (State)
	Charles  Minimal Charles  Charles  Minimal Charles  Spital  Yrs.  55 Yrs Days  7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Widowed)  Minimal Composition  WIDOWED, DIVORCED (Specify Widowed)  Frivate family  CAUSE  DIRECTLY  ATH Of dying. e. g.  Caused death.)  DIE TO  SES  IF ANY, GIVING STATING THE DUE TO  OITIONS CON- NOT RELATED NOT WHILE AT NOT WHILE THE WORK  TO THE TO THE WORK  TO THE TO T	Charles  Miller  A. USUAL RESIDENCE (WE A. STATE  Maryland C. CITY OR TOWN (If or Beltimore D. STREET ADDRESS (If recovered to the content of	Charles  Miller    2. Date Of Death   Maryland

CINTENDING INK. EVERY ITEM OF INFORMATA, Should be call Physicians: please write the causes of death clearly and legi

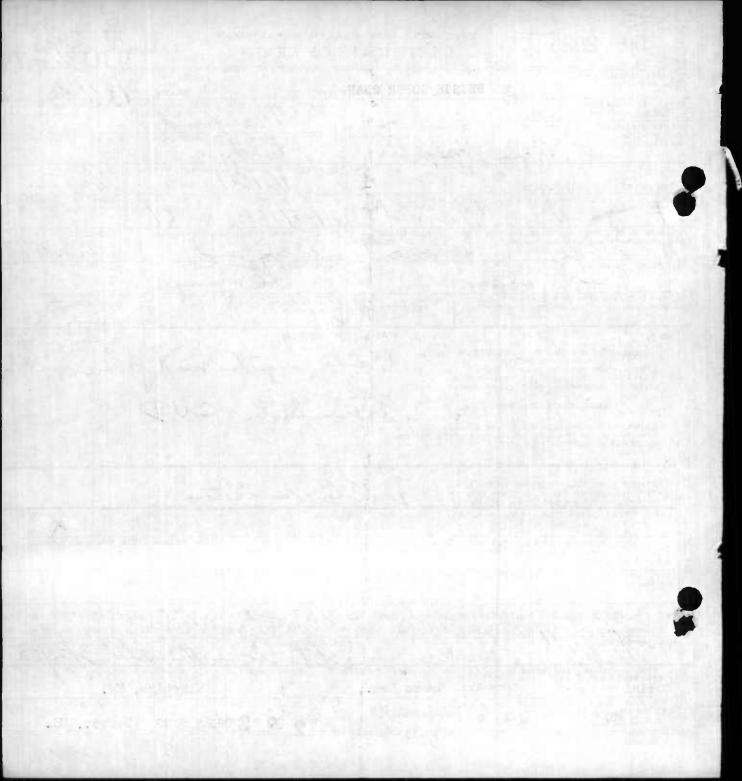


GROWER CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. You dainmin c. Length of stay in Baltimore Days SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH It Under 1 Year 9. AGE (In years If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) March 6.1877 married clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Supreme Bench INDUSTRY WHAT COUNTRY Chief Bailiff Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Gardner Anne Cannox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO Mrs. J. Brower Gardner 3415 Mondawmin no NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Antenios charice C. V disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK especial 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ..... MEDICAL INVESTIGATOR ..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Lorraine Cem. Woodlawn, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR LOCAL REGISTRAR Tuntustor / Elic U.S. H. WM J. TICKNER& SONS Balto., Md. MAR

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	50 2925	CERTIFICATI	E OF DEATH	Registered N	0_ 2925		
	NAME OF DECEASED			2. DATE			
	Type or Print)	BESSIE SOPER OMAN		OF DEATH 3/2	17/50		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE ()	Where deceased lived. If i	nstitution: residence before admission)		
H	OSPITAL OR //	al or institution, give street address or location)	c. CITY OR TOWN (II	outside corporate limits	write RURAL and give		
IN	STITUTION St. aga	& Hospital	Relay		township)		
	Langth of star in Daltimum	Yrs. Mos.	1/1/1/1/2	rances (	71		
'n	Length of stay in Baltimore 6. COLOR OF RACE	7. SINGLE, MARRIED. WARDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) M	Under 1 Year   If Under 24 Hours		
- 3	T W	Married	11/25/1888	6/	the Days Hours Min.		
worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	Ola A INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF		
13	FATHER'S NAME	1 -wi Home	14. MOTHERIS MAIDEN N	AME	0, 2,74,		
	Nober To	per	Coral. y	ump			
(Ye	5. WAS DECEASED EVER IN U. S. ARMEI e, no or unknown) (If yes, give war or date	SECURITY NO.	17. INFORMANT	CAE	DRESS		
	18. 422.	CAUSE	OF DEATH	Jan	INTERVAL BETWEEN		
	DISEASE OR CONDITION LEADING TO DEA		A.	1 40.0	ONSET AND DEATH		
	(This does not mean the mode of heart failure, asthenia, etc. It mea	of dying, e. g., ns the disease,	it congestue	heart faile	ne approp 4hu		
	injury or complication which of	n-A	. 1	7			
Z	ANTECEDENT CAUS	(B) Chile	voscleration (	CUD			
TIC	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			75-12-14-11		
-ICA		(C)					
RTIF	OTHER SIGNIFICANT CONDI		1-1 00-	2			
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING IT.	des mellet	u,			
AL	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
MEDIC	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact locat INJURY OCCUR?)						
	21D. TIME (Month) (Day) (Year) OF INJURY			Y OCCUR?			
	m. WHILE AT NOT WHILE AT WORK						
	deceased glive on 3/27	ended the deceased from	red at 10 3m., from t	the causes and on the	that I last saw the		
	23A SHONATURE		3B. ADDRESS	the causes and on the	235 DATE SIGNED		
24	4A. BURIAL, CREMA- 246 DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION City, town,	or county) (State)		
TIC	Burial	Grace Cem.,		Elkridge, Md			
D/	ATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS		
583	MIN Z J MINI Tunk	water Volliance, Mu	SINNEST TO THE WINE	P& SONS Rel	to Ma.		



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2926

1	ВІ	BIRTH NO. CERTIFICATE OF DEATH Registered No.								
1		NAME OF DE		MABEL TR	IBBY	2. DATE OF DEATH March 28, 1950				
	Α.	PLACE OF DE Baltimore C	ity, Maryland		ion, give street address or	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY hefore admission)				
	IN	OSPITAL OR ISTITUTION	708 N. Fu		location)					
	1		ay in Baltimore		Yrs. Mos. Days					
alla a		emale	white	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   If Under I Year   If Under 24 Hours				
,			CUPATION (Givekin working life, even if reting 1116	'ed')	of Business or INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY!		
1	13	FATHER'S N	AME Frey			14. MOTHER'S MAIDEN NAME  Stone				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.				SECURITY NO.	17. INFORMANT ADDRESS Miss Wirginia Boryner 708 N. Fulton Av				
	RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II y Sacatoria	ш	TRIBUTING	II IGNIFICANT COI TO THE DEATH, B	UT NOT RELAT	<b>ED</b>	elizablere	ara)	20 yrs.		
10°	AL C		F OPERATION		FINDINGS OF OPER	RATION	20. AUTOPSY?			
Do y per	EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	(If in Baltimore City	y, give exact location)					
and Ame	Σ	21D. TIME ( OF INJURY	Month) (Day) (Ye		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		JURY OCCUR?			
Specia	deceased alive on 21000, 1950, and that death occurred at 5.504 m., from the causes and on the date stated ab									
2 13	23A. SIGNATURE HABAGILIA M. D. 1600 Willaws are 23c.									
Cr ab		4a. BURIAL, CON, REMOVAL (S. Removal	pecify)	/50		Lovettsville,				
1700	D	ATE RECEIVED		AR'S SIGNATU	Walliams, M.Z.		KNER & SONS	ADDRESS Balto., Md.		

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### BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No.	

BIRTH NO.		Ci	ERTIFICA	TE OF DEATH	-	Registered I	No	
1. NAME OF (Type or Print)	DECEASED Nr. M	ichael	Goldst	ein		OF SATE	28-58	
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDE			institution : residence before admission	
B. FULL NAME HOSPITAL OR INSTITUTION		tal or institution,	give street address location		(If outsid	c corporate limi	ts, write RURAL and gi	
70	dev	ude	ele	Itali	mor	2/1	1 - 6 / townshi	
T an ath of	stay in Baltimore		60 Hos	Tous	SS (If rural,	give location)	1942	
EX /a	6. COLOR OF RACE		DIVORCED (Special	8. DATE OF BIRTH			If Under I Year II Under 24 Heuronths Days Hours Min	
work deste during mos	CCUPATION (Give kind on tof working life, even if retired	10BA)IND OF		11. BIRTHPACE (S	tate or foreign	country)	12. CITIZEN OF WHAT COUNTR	
13. FATHER'S			,,	14. MOTHER'S MAI	14. MOTHER'S MAIDEN NAME			
	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 10	6. SOCIAL SECURITY NO.	17. INFORMANT	sher .	3109 1	DORESS .	
18. 2 6	77 X		CAUSE	OF DEATH			INTERVAL BETWEE	
(This do heart fai	ASE OR CONDITION LEADING TO DEA es not mean the mode lure, asthenia, etc. It me or complication which	TH of dying, e. g., ans the disease,	(A)Ag	ranulo	cyto	sis	4 mout	
RISE TO	ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L	IF ANY, GIVING	(B) Etic	rlogy u	nkn	wn		
H TRIBUTII	II SIGNIFICANT COND NG TO THE DEATH, BUT	NOT RELATED	(c)	act's d	isea	1.0		
	OF OPERATION		NDINGS OF OPI				20. AUTOPSY?	
21A. ACCIE HOMICIDE	DENT, SUICIDE, (Specify)		OF INJURY (e. g. factory, street, office bld			altimore City,	give exact location)	
21b. TIME OF INJURY	(Month) (Day) (Year	WHIL	INJURY OCCUR	LE	INJURY OCC	UR?		
22. I hereby certify that I attended the deceased from January 6, 1948, to March 28, 1950 that I last saw the deceased alive on 3-28, 1950, and that death occurred at 435 m., from the causes and on the date stated above								
	me 1.12	hund	vrg M.D.	Levindal	e Hom	e	3-28-57	
24A BURIAL. TION REMOVAL		-50 M	ISKOW	Surel	24b. LOCAT	Salto	, or county) (State	
DATE RECEIV LOCAL REGIS	TRAR REGISTRAR	S SIGNATURE	150 O	FUR LEUR	OCK.	21006	estain The	
VS 150	(.)		1/		1			

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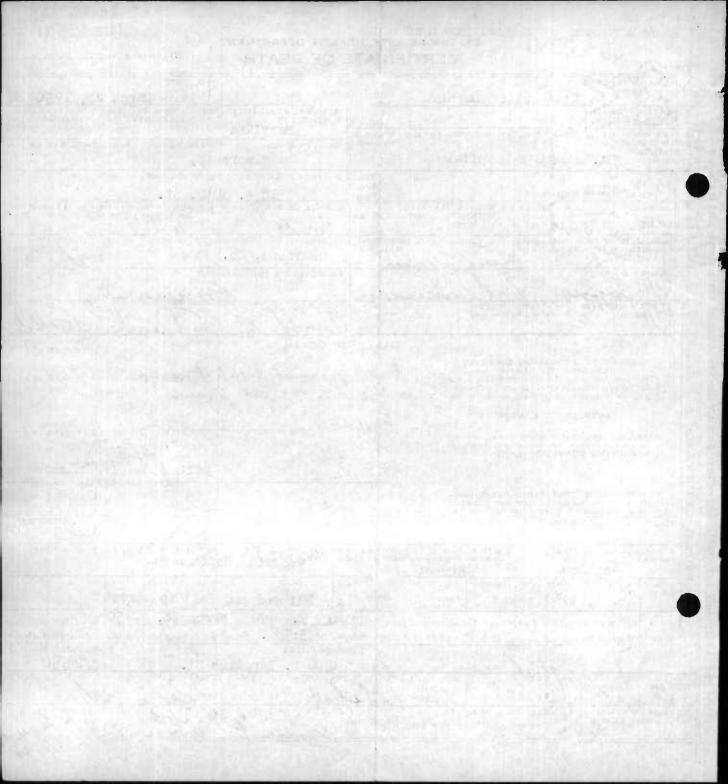
1	342 CERTIFICATE CORRECTE	D_4-3-50								
1	50 2928 BALTIMORE CITY HE									
	BIRTH NO. CERTIFICATE	E OF DEATH Registered No.								
	1. NAME OF DECEASED (Type or Print) MAX KAD LICK	2. DATE OF 3/29/50 DEATH								
	3. PLACE OF DEATH!  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)								
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CIT OR TOWN (If outside corporate limits, write HURAL and give								
]y.	Les Sinai Hospital	Haltunore 15-63 township)								
legib	Length of stay in Baltimore 38 Yrs.	1619 Morgand and								
y and le	EX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATH OF BIRTH 9. AGE (In years II Under I Year last highliday) Months Days Hours Min.								
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MUSUAL OCCUPATION (Give kind of logic kind of log	11, BIRTIST AGE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
death	13. FATHER'S NAME	14. SOTHER'S MAIDEN NAME								
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, Jacob Kradlick 1619 Morland die								
causes	18. 541.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
write										
	Z ANTECEDENT CAUSES (B) Massine G-1 tract hemarkage.									
please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
ians	[ Serforc	ited duodenal alex								
Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	e failere my to unpecarrial								
	1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER									
important.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et									
npor	HOMICIDE (Specify) about home, farm, factory, street, office bldg., et									
>	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE									
ciall	m.   work L AT WORK L	121/, 1950, 10 Kench, 1950, that I last saw the								
especi	deceased alive on 3/21, 1950, and that death occur	red at 2:10 km., from the causes and on the date stated above.								
S.	23A. SIGNATURE TEGAN J. Laeson M. D. 2	SENAL HOSE fal 230. DATE SIGNED								
t age	24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER									
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. PUNERAL DIRECTOR ADDRESS P								
0	The Marie of Bullingham of	ast depisone 2100 butant 10								
	MAR 25 9 90 50	0 117B.								

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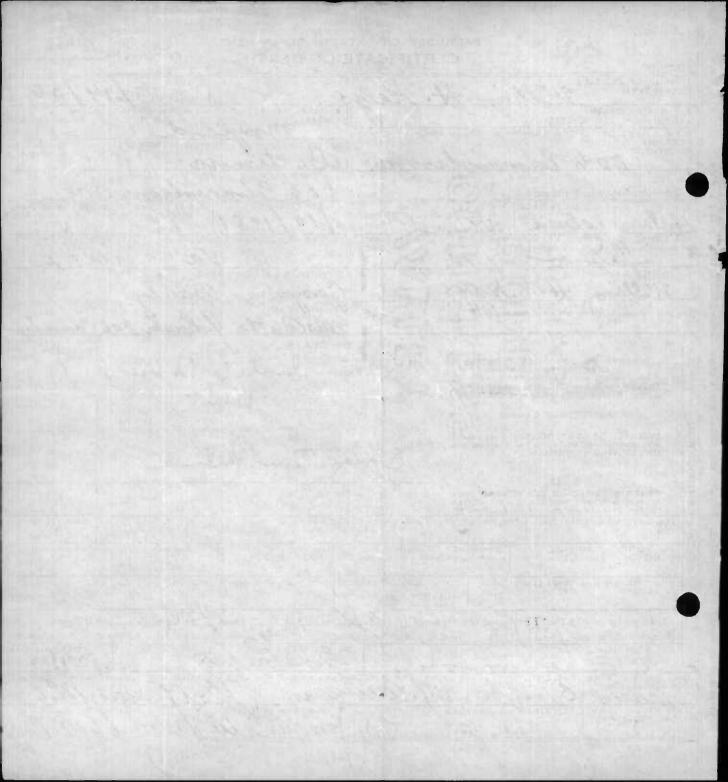
Martin Maria Print Capalitan Control of the Control Action to task the break on the Contract of th A STATE OF THE STA montant. Prysicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT

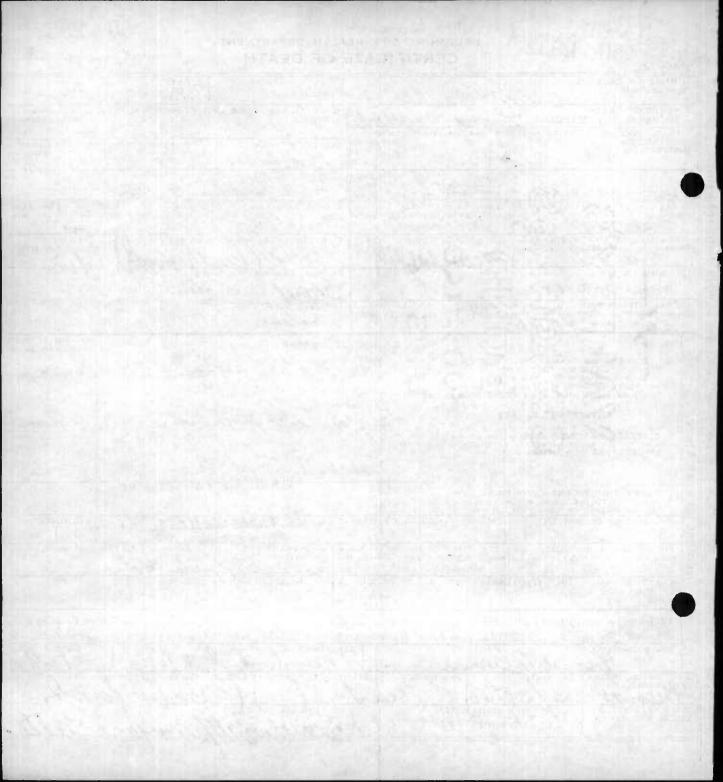
В	RTH NO.			CERTIFICATI	E OF DEATI	Н	Kegistere	ed No.	
1. (T	NAME OF D					2. DATE OF			
<u> </u>	PLACE OF D		sc sc	OTT	A HEHAL PESIDE	NCE (W	DEATH3/2		· residence
A.	Baltimore (	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. COUNTY  before admission				
H	FULL NAME OSPITAL OR		tion, give street address or location)	c, CITY OR TOWN	(If	outside corporate	limits, write RI	IRAL and give	
11/	ISTITUTION	2015 McCu	illon	St	Baltimore	(22	141- 0	5.3	township)
1				Yrs.	D. STREET ADDRE	ESS (lf)	rural, give location	1)	
	Length of s	tay in Baltimore		20yrs Mos.	2015 McCu	alloh	St		
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		B. DATE OF BIRTH		9. AGE (In year	Months Days	
	F	C			5/16/189	95	54		
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	State or fo	reign country)	12. CITI	ZEN OF
	Cook		949	estic	Gloucester, Va. U.S.A.				
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NA	AME		•
	n. Tazw	ell			MarvEllen	Rowe			
(Ye	a, no or unknown)	O EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
_	No	No		None	Cynthia T	Chomp	son(S)20	15McCul	lloh St
	18. 42	0.1		CAUSE	OF DEATH	,			RVAL BETWEEN T AND DEATH
ERTIFICATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (A)  (B)  (C)  (B)  (C)  (C)  (C)  (C)  (C								
Ü	TO THE D	ISEASE OR CONDITION	CAUSING		PATION		*****	20.	AUTOPSY?
AL	ISA, DATE C	O' EKATION O	38. MA301	7111011100 07 07 21				YES	No [
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			f in Baltimore C	ity, give exact	location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		יאטנאו	OCCUR?		
	22. I hereby certify that I attended the deceased from Mulear 1, 1950 to March 24, 1950 that I last saw the deceased alive March 22, 1950, and that death occurred af 8.450 m., from the causes and on the date stated above								
	23A. SIGNATURE 239. DATE							ATE SIGNED	
2	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
	Burial	3/30/5	0	Shiloh Bapti	st Cem.	Glo	ucester.	Va.	
D	ATE RECEIVE	D BY REGISTRAR	SSIGNAT	URE					
	MAR Z91	300 Emilie	ator 14	historia; MIR ?	Charles G	U Co	oper-512	N. Carr	ollton
	VS 150		6	520				131	
					Marian Company				



BALTIMORE CITY HEALTH DEPARTMENT 2931 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH \ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. . Length of stay in Baltimore donondson Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OSCUPATION (Give kind of work done during my syof working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Laline us 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCE SOCIAL (If yes, give war or dates of servi SECURITY NO ne 806 Edan 20.0 18. CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 19 that I last saw the deceased alive on and that death occurred at\_ From the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS L 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C NAME OF CEMETERY OR CREMATORY Bure DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



16 BE anaroul by here ner 501-2932 Registered No. ERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION allimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1205 thadrieds Length of stay in Baltimore Days 7. SINGLE, MARRAD.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) | Months Days | Hours | Min. Viagrules 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF work done during meet of working life, even if retired) utila 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carlton 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (11 yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 1 alieni INTERVAL BETWEEN -903,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY cremeatore collapse LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE , (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 1505 Shadyside accide 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF JNJURY 25, 1929 and that death occurred at 22 Am. from 29, 192, that I last saw the 22. I hereby certify that I attended the deceased from 2 Am., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED Maryon M. D. 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR ADDRESS LOCAL REGISTRAR VS 150



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2933 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	ALBERT EDI	WARD SCHULZ		OF March	
3. PLACE OF DEATH:  A. Baltimore City, Maryl			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not HOSPITAL OR INSTITUTION	t in hospital or institu	tion, give street address or location)			s, write RURAL and give township)
0.0		Yrs.	D. STREET ADDRESS (If	rural, give location)	99
Length of stay in Balt	imore life	Mos. Days	1206 N.	Milton Aven	ue
5. SEX 6. COLOR o	R RACE 7. SINGL	E. MARRIED, WED, DIVORCED (Specify) WICOWED	Jan 15, 1886	9. AGE (In years last birthday) Mo	f Under 1 Year M Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION ( work done during most of working life, eve  PETITED FARO	en if retired)	INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		RPIANCH M)	14. MOTHER'S MAIDEN NA	AME	0.0011
	Albert Schu	ılz		Mary Heint	zman
15. WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Yes, no or unknown) (If yes, give	war or dates of service)	214-22-6110	Clara E. Phillips		
OTHER SIGNIFICAN' TRIBUTING TO THE DE TO THE DISEASE OR C	etc. It means the diser which caused dear which caused dear to the caused dear to the caused dear to the cause (a) STATING TION LAST.  IT CONDITIONS CAUSING ONDITION CAUSING	ISE, Ch.) DUE TO  (B)	U	Urniay Blo	iller 3 years
U 214 ACCIDENT SUICID					YES NO
21A. ACCIDENT, SUICID HOMICIDE (Specify)	about home	ACE OF INJURY (e. g., ,farm,factory,street,office bldg.,	etc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
OF INSORT	m.	WHILE AT NOT WHILE			
22. I hereby certify the deceased alive on M	hat I attended the		ly 10, 19 Foto N rred at 345 P. m., from to		<b>O</b> , that I last saw the he date stated above.
23A. SIGNATURE	A Proces		23B. ADDRESS & M	OCATION (City, town	Marel 17, 1950
24A. BURIAL, CREMA- 24B TION, REMOVAL (Specify)	30, 1950	17	.300		Road, Balto.
DATE RECEIVED BY REG	SISTRAR'S SIGNAT	New Cathedral	25 FUNERAL DIRECTOR Schimun ek Funer	11 Home, Inc.	
MAR 2 9 1950 1	hustring ( 100 )	ANATA MARINGE	260143-5 E. Mad	Ison St.	
VS 150	0	900 -	Co		52B

#### TEMPORTE ELAPTICA E EXPLANA PERCENTE EL EL ADORTORIO

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			Charles and	
with all are by				
Distance, out of 1991 to 19		COLUMN TO SERVICE		

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

NT 50 2934
Registered No.

93)

I. NAME OF DI	CEASED FRAI	CIS JOSEPH CASSIDY,	-In	2. DATE Marc	h 20 1050	
(Type or Print)	1 101	OID TODALII OADDIDI,	0.1.	DEATH	h 28, 1950	
	ity, Maryland 24	152 E. Eager St.	4. USUAL RESIDENCE (V A. STATE	Where deceased lived, I B. COUNTY	f institution; residence before admission)	
HOSPITAL OR	(11 1100 11 1100 11	location)			its, write RURAL and give	
<b>N</b>		Yrs.	D. STREET ADDRESS (If	rural, give location)		
Length of st	ay in Baltimore	life Mos. Days	2452 E.	Eager St.	H Under 1 Year   If Under 24 Hours	
male	white	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	Sept. 4, 1871		th Under 1 Year on the Days Hours Min.	
work done during most o	CUPATION (Give kind of working life, even if retired) Otired	IOB. KIND OF BUSINESS OR INDUSTRY B.C.&A.Steamboat Co.	Baltimore, Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S N		Cassidy, Sr.	14. MOTHER'S MAIDEN N.	AME rah Eagan	1 4	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARME (If yes, give wer or date	D FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no		no	Margaret Cassidy	, wife, 2452	E. Eager St.	
DISEASES RISE TO T UNDERLY UNDERLY OTHER S	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A: ING CONDITION L)  III IGNIFICANT CONDITION TO THE DEATH, BUT	IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED	ocular l mayre	Union Clus	1 Iday	
	F OPERATION	N CAUSING IT.	RATION		20. AUTOPSY?	
					YES NO Z	
21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.,		If in Baltimore City,	give exact location)	
21b. TIME (OF INJURY	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
22. I hereby	7 - 1	tended the deceased from L., 1905, and that death occu	red at   On from t		L, that I last saw the the date stated above	
23A. SIGNA	THE PROPERTY OF THE PARTY OF THE PARTY SAFE	ill Paincelog M.D.	238. ADDRESS  ON MALLAMA  ERY OF CREMATORY 240. L	n Murps	23c. DATE SIGNED	
TION, REMOVAL (S Burial	pecify) March 31	,1950 New Cathedral	Cemetery 4300	Old Fred'k.R	d.Baltimore	
DATE RECEIVED LOCAL REGIST MAR 2 9 1	RAR	is SIGNATURE	Schimunek Funera	al Home, Inc	ADDRESS	

russimus, mease write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2936

B	IRTH NO. 47 14062				
1.	NAME OF OECEASED Type or Print)			2. DATE.	
-	Robert Jos	eph Marks		OEATH Mar. 2	7, 1950
Α.	Baltimore City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	where deceased lived. If in	stitution: residence before admission)
H	OSPITAL OR Rolling	City Hospitals location)		outside corporate limits,	write RIIRAL and give
10	4940 East		Baltimore	21-0	township)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yrs.	D. STREET ADDRESS (If	rural, give location)	-
	Length of stay in Baltimore	Mos.			01
5	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. OATE OF BIRTH	ard St. Zone	
	Male White	WIDOWED, DIVORCED (Specify) Single	July 8, 1949	last birthday) Mont	hs Days Hours Min.
1 (	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		11. BIRTHPLACE (State or fo	oreign country)   17	2. CITIZEN OF
	and the state of t	INDUSTRY	Maryland	CHAPTER HE IS	WHAT COUNTRY
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Joseph Marks		Florence Be	ennett	
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	17. INFORMANT		
(Ye	m, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	Records* Balto.		DRESS
-	10 20 11		1.01.0	stern Ave.	
	18. 330 X		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT				
	(This does not mean the mode o	f dying, e.g., (A) Dub-	arachnoid hemorrha	age left	***************************************
	heart failure, asthenia, etc. It mea- injury or complication which c	ns the disease, saused death.) Due to	ntaneous	, ,	
	ANTECEDENT CAUS				1.1222 7 10
Z	ARTEGEDERT CAUS	(8)			- wer
0	DISEASES OR CONDITIONS, IF	F ANY, GIVING	***************************************	***************************************	
AT	UNDERLYING CONDITION LA	STATING THE DUE TO ST.			
0		(C)		***************************************	
ERTIFICATION	11				
œ	OTHER SIGNIFICANT CONDITERIBUTING TO THE DEATH, BUT				
CE	TO THE DISEASE OR CONDITION				
_	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
X					YES X NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	io or 21C. WHERE DID (I. etc.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
,	OF INJURY	WHILE AT NOT WHILE			
		m.   WORK   AT WORK		2 27	
	22. I hereby certify that I att		, 20 , 00	3-27-, 1950,	that I last saw the
	dcceased alive on 3-27-		rrea at 4:50 m., from th		
	25% SIGNATURE (SS.		4940 Eastern Ave.		3-28-50
2.	AN BURIAL, PREMA- 248 DATE	24C. NAME OF GEMETE		OCATION (City, town, or	2
TI	AA BURIAL, PREMA- 24B DATE PREMOVAL Specify)	20/20 mit beam	all have to	,60 Mad	(State)
-4	ATE RECEIVED BY I REGISTRAR'S	1100 1111 500011	14 NUTTIN 12	accolled	2200
	OCAL REGISTRAR	SSIGNATURE	25 AUNERAL DIRECTOR	-11 20	DOWESS
W.	AR Z 9 1350   Hunt	water Vollages, 81.8	programme	Thom a	cleans St
	VS 150	O	1		d20
					0 de

Letten in document file 50-2936-5/4/50.

	50	2937	BAL	TIMORE	CITY HE	EALTH DEPARTM	ENT	5	0 2	agry
	00	NO 0 1		CERTIF	FICAT	E OF DEATH		Registered I	No	001
-	IRTH NO.									
(7	NAME OF D.		NIE	A.	SM	ITH		OF 3 -	27-	50
	PLACE OF DE Baltimore	EATH: City, Maryland				4. USUAL RESIDEN				: residence ore admission
B. H	FULL NAME	OF (If not in hospit	al or instituti	on, give street	t address or location)	c. CITY OR TOWN	(If outsid	le corporate limit	ts, write RU	RAL and giv
1	NSTITUTION	21046.	Frage	the St	4	Bal	Cemare		-02	township
	Tonoth of a	taw in Paltiniana			Yrs. Mos.	D. STREET ADDRES	-	give location)	54	
1	SEX	tay in Baltimore 6.COLOR OR RACE	7 SINGLE	, MARRIED.	Days	8. DATE OF BIRTH			ti Under 1 Yaar	M Under 24 Hours
	F	W	WIDOW	ED DIVORCI	ED (Specify)	Jan 2018	67	ast birthday) Mo	onths Days	Hours Min.
10 wor	k done during most o	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINE	SS OR	H. BIRTHPLACE (Sta	te or foreign	country)	12. CITIZ WHA	EN OF T COUNTRY
-		Hess-Ret.	dega	Much	Done	ma		War and the same of the same o		
1.	3. FATHER'S	IAME	0			14. MOTHER'S MAIL	EN NAME			V
	- J	to fruit	th			a	w h	Sweet	7	
1: (Ye	S. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	ITY NO.	17. INFORMANT		A	DDRESS	
				100	-	mr Blade	10 Goch	Man 210	4 Jan	etto St
	18. 1/9	714			CAUSE	OF DEATH			INGR	VAL BETWEE
	DISEAS	E OR CONDITION	DIRECTLY				1		ONSET	AND DEAT
		not mean the mode	TH	(A)	Bro	nchial 7	neur	nonia	d	days
	heart failu	re, asthenia, etc. It med complication which	ans the disease	e.	7		******************************	***************************************		(1
	SAME TO SAME			, 552,6						
z		ANTECEDENT CAU	SES	(B)						
0	DISEASES	OR CONDITIONS,	F ANY, GIVIN	G		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	*******************
CAT	UNDERLY	ING CONDITION L	AST.	E DOE TO						
IFIC		11		(C)						
RT		IGNIFICANT COND			21	0-10-	1	1 -		
빙		TO THE DEATH, BUT			Jenes	raused ur	unos	selvos	4	
	19A. DATE O	F OPERATION 1	98, MAJOR	FINDINGS	OF OPER	ATIONO			20.7	AUTOPSY?
CA									YES	NO L
EDIC	HOMICIDE	NT, SUICIDE, (Specify)	21B. PLA	CE OF INJU	RY (e. g., in	or 21c. WHERE DIE		Baltimore City, 1	give exact	location)
Σ Π	V STOC						20 10 53			
	21D. TIME ( OF INJURY	Month) (Day) (Year	(Hour)   2	1E. INJURY	OCCURR	ED 21F. HOW DID I	NJURY OCC	UR?		
	O. MSONT		m. W	HILE AT WORK	NOT WHILE					
	22. I hereb	y certify that I at	tonded the		om Q	uly 10 1948	to ma	rch 27195	Othat II	ant name th
		ive on march			0110	1 -115		uses and on th		
	23A. SIGNAT		0 0	D		3B. ADDRESS	a a a a a a a a a a a a a a a a a a a	O and on the		TE SIGNED
		alfres	60	te	M. D.	1934 Wil	Kens	WE	3-6	27-50
2	4A. BURIAL. C	REMA 2 8 DATE	2	4c. NAME O	FCEMERE	RY OR CREMATORY	24D. LOCAT	ION (City, town,	or county)	(State)
1 1	ON, REMOVAL (S	3-30	-50	Sh	(Zer	lyles	Ba	lleras	un	
	ATE RECEIVE	D BY   REGISTRAR		RE	0 0	25. FUNERAL DIREC		-	ADDRES	S
	MAD 2 0 1		istant V	Eliza Oz.	ME	Blee A	7.6.9	Lubla a	1	SHOW

A CHARLEST AND THE CO.

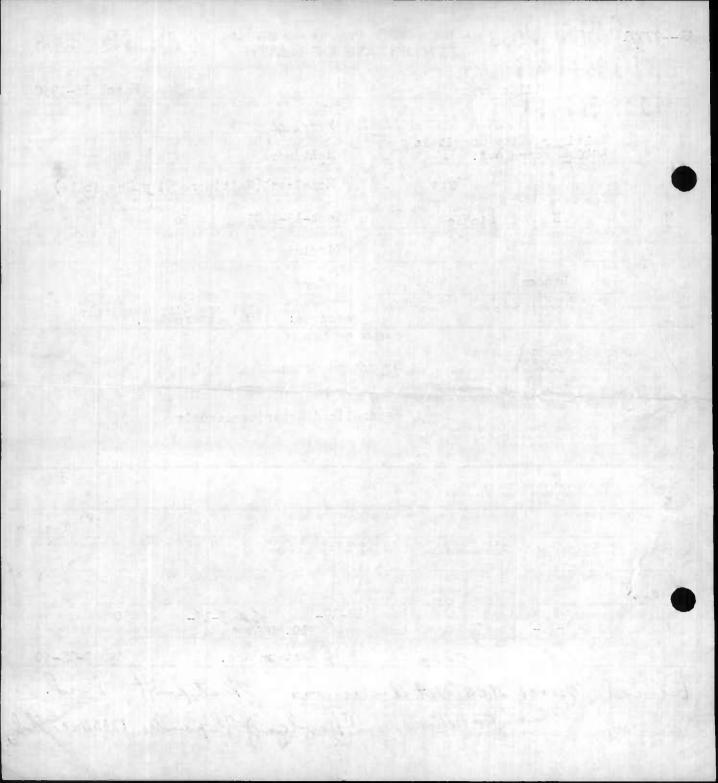
VS 150

is especially important. Physicians: please write the causes of death clemes and

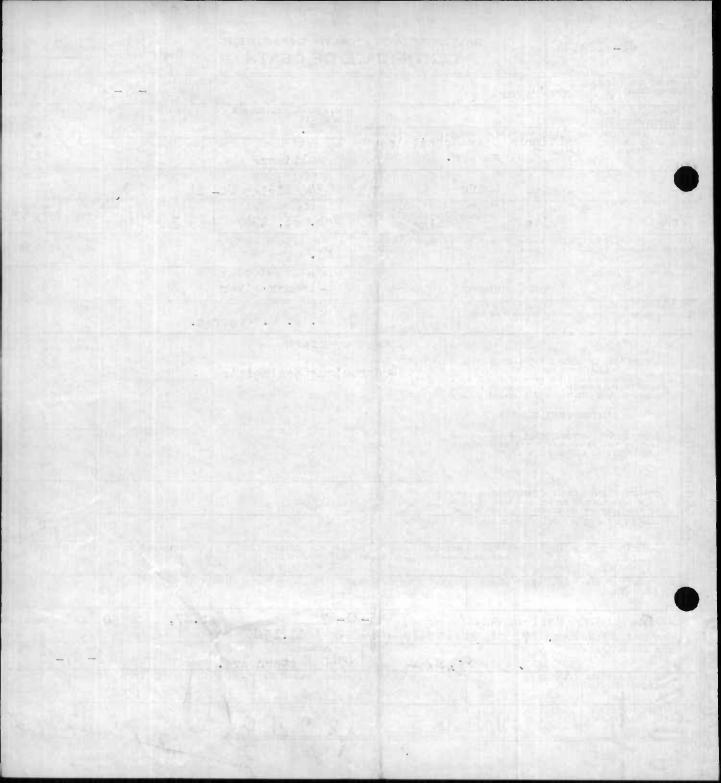
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1	127						
AF	397971	50 29	T FL 7		EALTH DEPARTMENT E OF DEATH	Registered N	2938
В	RTH NO.			111 / 0/ 111	a or barrin		
	NAME OF D		as Evans			2. DATE OF DEATH Mar	ch 15-1950
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE (		
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore Ci	al or institution, give ty Hospital			If outside corporate limits	
3		4940 Eastern	Ave.	Yrs.	Baltimore o. STREET ADDRESS (I	f rural, give location)	township
•	Length of s	tay in Baltimore	34yrs	Mos. Days		imore City Hos	spitals)
5.	SEX M	6. COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV Single		Sept-15-1893		Under 1 Year H Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	OPD JOB	SINESS OR INDUSTRY	11. BIRTHPLACE (State or Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	London		16/16	14. MOTHER'S MAIDEN I	NAME	1/
15	5. WAS DECEASI	ED EVER IN U.S. ARMED			Mary	7 ** AL	DDRESS
(10	e, no or unenown;	(11 you, give war or dates	SE SELVICE)	CURITY NO.	Records: 4940 E	ore City Hospi	itals
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT is not mean the mode of the properties of the prop	f dying, e. g., ns the disease, auscd death.)  ES  F ANY, GIVING STATING THE DU ST.	Е ТО	opneumonia	erosis	
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
	19A. DATE C	OF OPERATION 1	98. MAJOR FINDII	NGS OF OPER	RATION		YES YES NO
MEDICAL	LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH  (Month) (Day) (Year)	218. PLACE OF about home, farm, factor (Hour) 21E. INJ		etc.) INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
6	OF INJURY		m. WHILE AT	NOT WHILE			
	22. I hereb deceased at 23A. SIGNA		ended the decease, 19_50, and the	at death occur	rred at 10.40m., from		that I last saw the edate stated above 23c SIGNED
-	A RIIDIAI	CREMA- 24B. DATE	Mozar		1940 Eastern Ave.	LOCATION (City, town,	3-28-50 or county) (State)
1	ON, REMOVAL (S	Pristy march	29, 450 mi	t. aula	um The	stport	md.
	ATE RECEIVE OCAL REGIST IR 29101	RAR REGISTRAR	s signature	de Me	Charles HU	lepander 17	100 Meculla
	VS 150			9889	9	/	07

correct age is especially



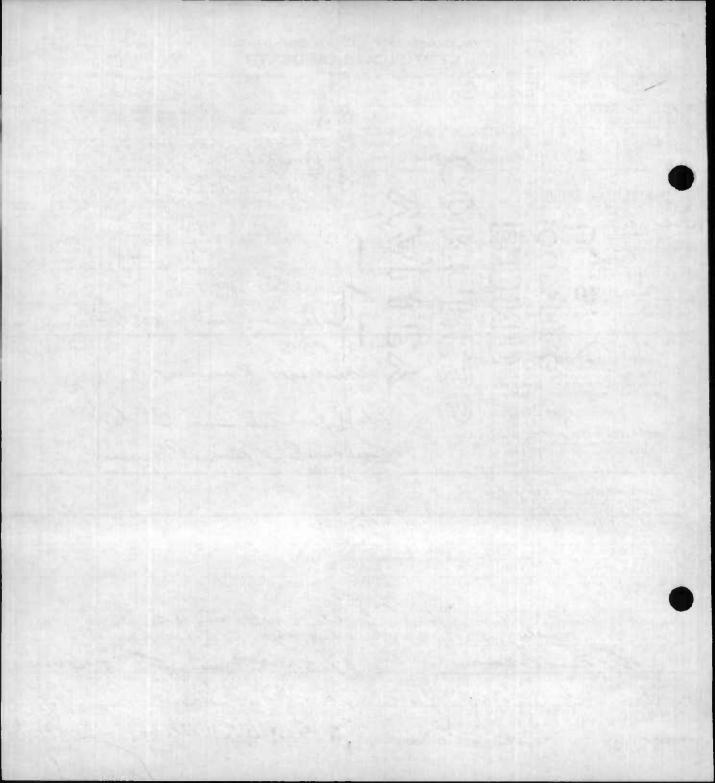
117	0-6	26					
8	JL	- 129134939 50 9/2939		CERTIFICATI	EALTH DEPARTMENT	Registered N	2939
	. NAME OF D	Nancy Drag	er			2. DATE OF DEATH 3-27-	50
3 A	. PLACE OF D. Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If :	institution : residence before admission)
В	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or Hospital gocation)	Md.	If outside corporate limits	write PURAL and give
. 1	NSTITUTION	4940 Eas	tern Av	8•	Baltimore	26	- 05 township)
C	Length of s	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (1)		
60.75 FT	Female	6.COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. VED DIVORCED (Specify) Single	Feb. 21, 1947		Under 1 Year nths Days Hours Min.
1 wo	OA. USUAL OC rk done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Md.	foreign country)	12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME  Edward Drager				14. MOTHER'S MAIDEN . Eleanor Piker		
2 (X	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				B. C. H. Reco		DDRESS
Lingsicians: please write unc	(This doe heart fail in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA so not mean the mode of ure, asthenia, etc. It mes complication which ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	TH of dying, e ons the disease caused death SES F ANY, GIVII STATING TI	n.) DUE TO  (B)	ulous Meningitis		
hysici ERTI	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED			
	19a. DATE			FINDINGS OF OPER	RATION		YES NO
Important.	HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, g	rive exact location)
À	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
especia	22. I hered	by certify that I att	tended the	deceased from 5-2.	1-47 , 19 , to	Mar. 27, 19 the causes and on th	
503	23A. SIGNA	ATURE .	(No.	Gers M.D.	238. ADDRESS 4940 Eastern Ave		3- 27-50
T	ON, REMOVAL (	Specify)	(1	Holy A	edeemer,	Balto - M	d.
	DATE RECEIVE		Server III Server	alle, Re O	25. FUNERAL DIRECTOR	lendre- 40	3 & Wolf C.
NA.	VS 150 MAR 29	1950			110		14



# 8-452, 50 2940 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEPARTMENT

50 2940 Registered No.

BIRTH NO.	L OI BEXTIT
1. NAME OF DECEASED Ida Collins	2. DATE OF Mar. 27, 1950 DEATH
3. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION 2514 madison ave.,	Baltimore 13-0 stownship)
C. Length of stay in Baltimore Yrs. Mos. Days	2514 madison av.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	Jan. 0, 1818 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Seorge Juney	Laura young.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	William Custis, 805 No Frement Ou,
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	, pertenni Cadi
TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINIST 19B.	RATION 20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	lo or   21c. WHERE DID (If in Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR FINJURY  m. WHILE AT WORK AT WORK	
23A. SIGNATURE	rred at 3'45/2h., from the causes and on the date stated above. 238. ADDRESS 230. DATE SIGNED
	ERY OR CREMATORY 240 LOGATION (City, town, or county) (State)  M. Comp. Could.  25. FUNERAL DIRECTOR  ADDRESS 322 N  M. O (State)  M. O (State)
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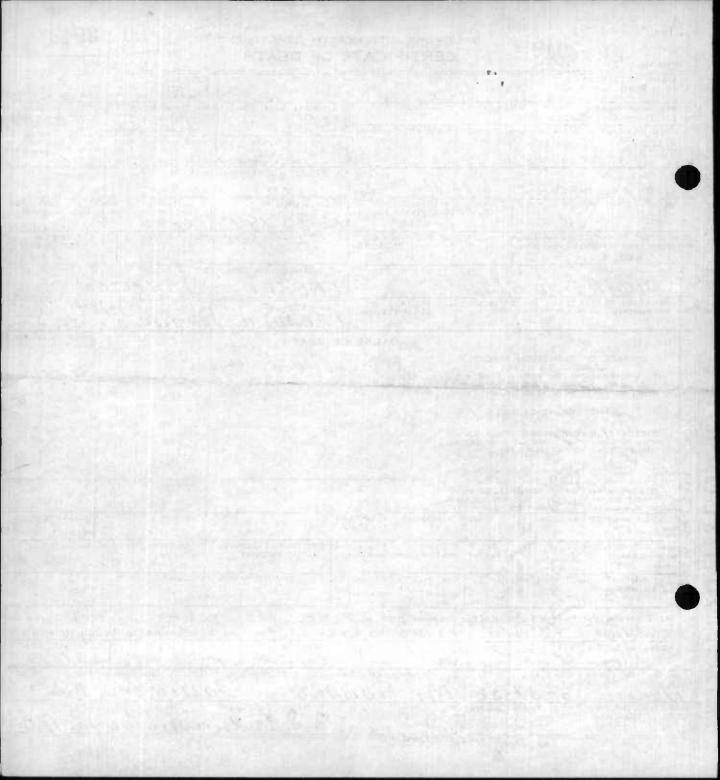
## BALTIMORE CITY HEALTH DEPARTMENT

13/3

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) CHARLES AUGUSTUS ERICH Mar. 27. 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 2025 E. Oliver St. C. CITY OR TOWN olf outside corporate limits, write RURAL and give INSTITUTION township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 2025 E. Oliver St. Days 9. AGE (In years) 8. DATE OF BIRTH Il Heder 1 Year 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE last birthday) Months Days Hours: Min. WIDOWED, DIVORCED (Specify) male white married Nov. 27, 1882 IOA. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Western Elec. Co. Plumber Washington, D. C. ELEC. CAUPAGA (A) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Erich Rosanna Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. J. W. Diggs no 220-05-0793 615 Park Ave. 18. 007 X INTERVAL BETWEEN CAUSE OF DEATH CUSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF 20. AUTOPSY? EDIC/ 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? HOMICIDE 5 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK ttended the deceased from 12/28, 1946 to 3/27, 1950 that I last saw the \_\_\_\_\_, 1950, and that death occurred at 6'5 pm., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 12/28 deceased alive on\_ 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 706 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 3/29/50 Lorraine Park Cem. Woodlawn. Md. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR MM. OJ. MICHNER & SONS Balto. Md.

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THE COURSE WHEN A STREET WAY OF THE	

50 2942 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 26 March 150 NELSON 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) A. STATE Ract. Cul B. FULL NAME OF (If not in hospital or institution, give street address or md HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Ballimore Universily D. STREET ADDRESS (If rural, give location) Yrs. Mos. M05421 140) c. Length of stay in Baltimore Days 9. AGE (In years) Il Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Sing le IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OHNSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Cerebral Palsey LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID ō about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially 22. I hereby certify that I attended the deceased from 2 6 men. , 1950, to & 6 men, 195, that I last saw the deceased alive on 9 2 m. 19 3. and that death occurred at 93 4m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE University -3/29/50 Dergyrin aymord (State) 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 13AITIMORE, MO 1JUKIA1 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Thereto grave / / the said ; VS 150



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2943

	IKIH NO.							
	NAME OF D Type or Print)		Annie	E. Belt		OF DEATH Marc	eh 27, 1950	
A		City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	institution: residence before admission)	
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit	al or institut	on, give street address or location)	Maryland c. CITY OR TOWN (If		s, write RURAL and give	
15	0	1024 U	nion Av	enue	Baltimo	re $/3-$	-07 township)	
e	Length of s	tay in Baltimore	Lif	Yrs. Mos. Days	D. STREET ADDRESS (If 1024 Uni	rural, give location)  ion Avenue		
5	Female	6. COLOR OR RACE White		MARRIED, ED, DIVORCED (Specify)	January 30, 1876	9. AGE (In years finds) Mo	f Under 1 Year If Under 24 Hours on the Days Hours Min.	
10 wor	Housewif	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U S A			
13	3. FATHER'S N	IAME	Mar. 1.		14. MOTHER'S MAIDEN NA	AME		
	Aquilla				Elizabeth Porte	er		
(Y	5. WAS DECEASE ee, no or nuknown) NO	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Charles A. Bel		on Avenue	
TIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	in to mean the mode of the asthenia, etc. It mes complication which of any of the complication which of any of the complication which of any of the complication of the complete comple	ns the diseas caused death SES F ANY, GIVIN STATING TH	(B) OUE TO	rollante C	erliovosed		
ER	TRIBUTING	IGNIFICANT COND	NOT RELATE	.D				
AL C		F OPERATION 0		FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c, WHERE DID (I	f in Baltimore City, g	give exact location)	
2	21p, TIME OF INJURY	Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK				
	deceased di	y certify that I att	ended the	deceased from fel	red at 905 P.m., from to 3B. ADDRESS	he causes and on the	that I last saw the he date stated above.	
		ellew ?	11/10	e M.D.	1331 ) Notes	( due.	3.27-50.	
TI	AA. BURIAL, ON. REMOVAL (S							
-	Burial ATE RECEIVE	March 30		Druid Ridge	25. FUNERAL DIRECTOR	esville, Mary	ADDRESS	
Ha r	OCAL REGIST	50	ا مرواه	Migual Man	Burgee Funeral I	Home 3631 I	Falls Road	

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	district of country			Time?
			Yolon	
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sev. yrs

PHYSICIAN

Underline the

cause to which

death should be charged statis-

C-516

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimere City Health Department.

P-620 50 2945

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2945 Registered No.

В	RTH NO.			CLIVIII ICATI	L OI DEATH		
	NAME OF DE	Warse	n (	Parks		2. DATE OF DEATH	27/50
	PLACE OF DE		1200		4. USUAL RESIDENCE (	Where deceased lived. If is B. COUNTY	nstitution : residence before admission)
В.	FULL NAME	The Park of the Pa	al or institut	ion, give street address or	941 5 Sh	anosi	before admission;
	SPITAL OR	00.		location)	c. CITY OR TOWN (	f outside corporate limits,	write kUKAL and give township)
6	941	Ssha	400	4	Calter	me	itis
			//	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	· /
	Length of st	ay in Baltimore	7 CINCI	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE An years III	Under 1 Year   H Under 24 Hours
	m	J. COLOR OR RACE		VED OVORCED (Specify)	0/1/1000	last birthday) Mon	the Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of	105 KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
wor	done during most of	( working life, even if retired)		houndNOUSTRY	Delast Ma	Joseph Country)	WHAT COUNTRY?
13	FATHER'S N	AME		Sus Matan	14. MOTHER'S MAIDEN	NAME	MUM
	man	on Pas	10/2		1. 1	7.	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	unner	DRESS .
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Surie Land	- QUI 16	Par
	18 00	V		CAUSE	OF DEATH	17/2018	INTERVAL BETWEEN
	18. 002 DISEAS	E OR CONDITION	DIPECTIV				ONSET AND OEATH
		LEADING TO DEA	TH	a au	lmonary Tu	les culsosis	7
	heart failu	re, asthenia, etc. It mea	ns the diseas	se,			
				,	U		
Z		ANTECEDENT CAUS		(B)		***************************************	
ATION	DISEASES	OR CONDITIONS, I	F ANY, GIVII	NG			
Y O	UNDERLY	ING CONDITION LA	AST.				
IFIC		11		_(C)			
RT		IGNIFICANT COND					
S		TO THE DEATH, BUT			***************************************		
1	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21A ACCIDE	NT, SUICIDE.	1 218 PL	ACE OF INJURY (e. g., i	n or   21c, WHERE DID	(If in Baltimore City, gi	YES NO NO
EDIC	HOMICIDE	(Specify)		farm, factory, street, office bldg.		(II III Dasminore Oity, gr	ive exact location;
Σ	21p. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
	PF INJURY			WHILE AT NOT WHILE			
	22 71 1	1.4 17 17 17	m.	WORK AT WORK	04/100 10 10	2/107/10 10	17 1 7 7 1 17
		ive on <b>117</b>			21 50, 19 , to 3		
	23A SIGNAT		., 1350.		23B. ADDRESS	the causes and on th	23c. DATE SIGNED
	Yh	sunt tin	Arile	M. D.	1543 Penner	a la	2,28758
2. TI	A. BURIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or sejuity) (State)
	Buria	1 3 3.11	500	mi Call	any est a	G. Co. m	rd
	ATE RECEIVED	RAR REGISTRAR	SIGNATI	Thu.	25. FUNERAL DIRECTOR	10800	ADDRESS
		1950	4	Grante Will	V & Colores a	Son-mont	gomen St
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H				110	7 7		13/3

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION THE SHIP SHINGOH SHIPS (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months; Days | Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) 6.5 Marriel 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife London, England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David J. Hockney Mary J. Hardy 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. IOHNS HOPKINS HOSPIT causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL important. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ξ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY N WHILE AT especiali WORK . 19 that I last saw the 22. I hereby certify that I attended the deceased from 2 , 1950, and that death occurred at 146 deceased alive on \_\_\_ A from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 13 age 24A. BURIAL, CREMA-TION BEMOVAL (Specify) 24B, DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county (State) emoval 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Rv2 130950

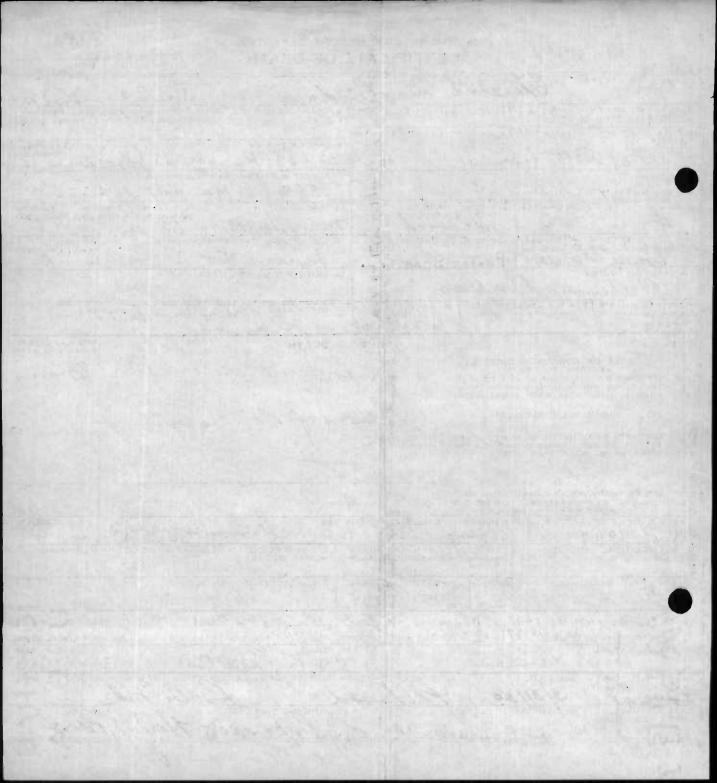
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50 2047

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50 2947 CERTIFICATE OF DEATH	D. 14 137
BIRTH NO.	
1. NAME OF DECEASED Elizabeth D. Lindner	OF March 1950
A. Baltimore City, Maryland	CE (Where deceased lived. If institution: residence B. COUNTY before admission.
B. FULL NAME OF (If not in host tall or institution, give street address or location)	AT
1NSTITUTION 3521 S. Hanover St. 35215. H	(If outside corporate limits, write RURAL and give township anover Sty Balfimore 23/14
31. 1	S (If rural, give location)
5. SEX 6 6 COLOR OF RACE 7, SINGLE, MARRIED. 18, DATE OF BIRTH	9. AGE (In years) If Under I Year   If Under 24 Hours
f- wh masted (Specify) march 16,16	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE IS ta work done during most of working life, even if retired) INDUSTRY	te or foreign country)   12 CITIZEN OF WHAT COUNTRY
house wife; clerk BosTon Shoe Rep. Lauras	
13. FATHER'S NAME / 14. MOTHER'S MAID	EN NAME
	illian Thomas Lindres Same
18. / CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND OFATH
	carcinoses Smouths
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
Z ANTECEDENT CAUSES (B) Cancer of the	uterus
DISEASES OR CONDITIONS, IF ANY, GIVING F RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
2 Cest. 1949 Biopsy: cancer of cervicofu	herry markerable VES NO
21d. ACCIDENT. SUICIDE,  OHOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)  1NJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID II	NJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID IN WHILE AT NOT WHILE	NJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID IN WHILE AT WORK AT WORK	
21b. TIME (Month) (Day) (Year) (Hour)  Prinder Month (Day) (Year) (Hour)  21c. Induction (Month) (Day) (Year) (Hour)  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from File 1. 19.7.	to march 27, 1950, that I last saw th
21b. TIME (Month) (Day) (Year) (Hour)  Prinjury  m. WHILE AT NOT WHILE AT NORK  22. I hereby certify that I attended the deceased from Follow, 19 J., 19 J., and that death occurred at 12 J. m., f.	to Mar & 27, 1950, that I last saw th rom the causes and on the date stated above
21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCURRED 21f. HOW DID IN WHILE AT WORK  22. I hereby certify that I attended the deceased from February 1950, and that death occurred at 12 HPm., for 23a. SIGNATURE	to Mar & 27, 1950, that I last saw th rom the causes and on the date stated above
216. TIME (Month) (Day) (Year) (Hour)  216. INJURY  216. INJURY OCCURRED  217. HOW DID IN  WHILE AT  WORK  22. I hereby certify that I attended the deceased from Febrary  deceased alive on March 17, 19 10, and that death occurred at 12 18 Pm., fi  23A. SIGNATURE  23B. ADDRESS  M. O. 936 Parama  24A. PURIAL, CREMA- 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 2	to Mar & 27, 1950, that I last saw th rom the causes and on the date stated above
216. TIME (Month) (Day) (Year) (Hour)  PF INJURY  M. WHILE AT NOT WHILE  22. I hereby certify that I attended the deceased from Febrary, 1950, deceased alive on March 17, 1950, and that death occurred at 12.15 Pm., for 23A. SIGNATURE  23B. ADDRESS  M. O. 936 Parapa	to Mar & 7, 1950, that I last saw the rom the causes and on the date stated above 23c. DATE SIGNED mark 28, 195 240. LOCATION (City, town, or county) (State)



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2948

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered I	No
	NAME OF D					2. DATE OF	
	Selma L. Hess				11	DEATH Mar	28, 1950
a. Baltimore City, Maryland Baltimore, Md.  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE Maryland	CE (Where deceased lived, If B. COUNTY	before admission
	STITUTION			location)	C. CITY OR TOWN	(If outside corporate limit	
	Gr	eenspring N	lanor	Apts	Baltimore	21-	20 township
				Yrs. Mos.		(If rural, give location) 7	., ., ., .,
		tay in Baltimore		• Days		ig Manor Apts.	
Female   6. COLOR OR RACE   7. SINGLE. MARRIED.   WIDOWED, DIVORCED (Specify)   WIDOWED					8. DATE OF BIRTH Aug. 20, 1880	9. AGE (In years last birthday) Mo	onths Days Hours Min
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	None			MADOSIKI	Washington D.C.		
11	FATHER'S				14. MOTHER'S MAIDEN NAME		
G	erson E	iseman			Rosa Grinsfelder		
15 (Ye	NO OF DECEASE	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mr. Heorge B. Hess 8 E. Balto. St		
	18. 111			CALISE	OF DEATH		INTERVAL BETWEE
	70	SE OR CONDITION	DIRECTI V		M ENTITIES LINE		ONSET AND DEAT
	(This does heart failu	LEADING TO DEA not mean the mode of tre, asthenia, etc. It mea	TH of dying, e. ons the disea	g., (A)	Terio-se	levosis	? yes
	injury or complication which caused death.) DUE TO						
7	ANTECEDENT CAUSES						
RTIFICATION		S OR CONDITIONS, 1		NG		•••••••••••••••••••••••••••••••••••••	
AT		YING CONDITION LA		HE DUE TO			
100							
E	OTHER SIGNIFICANT CONDITIONS CON-						
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED				rolysis		ques.
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?	
A				•		YES NO	
EDICA	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify)  21C. WHERE DID (If in Baltimore City, give exact location)  1 INJURY OCCUR?						give exact location)
ME							
	OF INJURY  OF INJURY  OF INJURY					NJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from Jones, 1923 to Ulos, 1950, that I last saw the deceased alive on Ulos, 1950, and that death occurred at 6 2 m., from the causes and on the date stated above						
	23A. SIGNA		-, 10,		38. ADDRESS	^	23c. DATE SIGNED
	Na	they Bole	rus	Eu M. D.	1041 St. Vac	ul St.	3/24/5-0.
2.	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	, or county) (State)
	Burial	Mar.30	1950	Druid Rid	ige	Baltimore, M	d.
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIREC		ADDRESS
			11 1	Well . Jun M. R.	David Sondi	eim & Son 190	2 Eutaw Pl
	VS 150		two of the		1/0.01	1001	1
11	MAR 2	91950	0		& more	valein To	u-83)
	144-A-1						

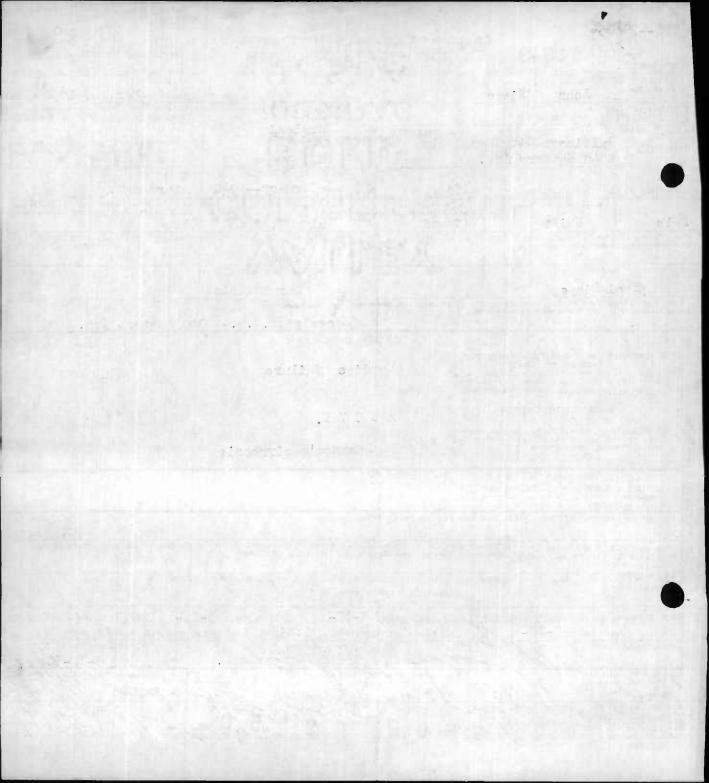
The larger than better better the received and · State of the sta and continued and their Street and Continued and 2949

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2949 Registered No.

1240

Вİ	RIH NO.						
1. (T	NAME OF Dippe or Print)	7	lene			2. DATE OF DEATH Ma	r.28, 1950
Α.	PLACE OF DE Baltimore C	EATH: City, Maryland		min_suAsile	4. USUAL RESIDENCE (V		
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		
IN		Baltimore Cit		itals location)	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give
		4940 Eastern	Ave.		Baltimore	20-	wwiship)
I				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of st	tay in Baltimore	li	fe Mos.	Infirmary4940	Eastern Av	e.
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH		II Under I Year II Under 24 Hours Months: Days Hours Min.
				T. 3 2F 32/0	last birthday)	Months Days Hours Min.	
		White		lowed	July 27, 1868	1 81	
orl	done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY:
					Maryland		
13	. FATHER'S N	NAME		THE WAY THE TANK	14. MOTHER'S MAIDEN N	AME	
	Fre	d Riepe			Marra B. 134a		
15			FORCES	16. SOCIAL	Mary Baldis		
Ye	s, no or unknown)	O EVER IN U. S. ARME( (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	10.14				Records* B.C.H	-4940 Easter	n Ave.
	18 78	1-1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT	TH	Cardi	ac failure		
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	e. (A)	ac rarrure	······································	
		complication which o					
		ANTECEDENT CAUS	FC				
,		ANTECEDENT CAUS	, ES	ASC	V D.		
5	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	iG (b)		***************************************	
		HE ABOVE CAUSE (A)		E OUE TO			
5	011221121			(C)	ennec's cirrhosis	***************************************	
_							
3	OTHER C	II IGNIFICANT CONDI	TIONS CO.	441 Hill			
ב נו	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
ز		ISEASE OR CONDITION					1 =
,	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
5							YES NO _
	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i erm, factory, street, office hidg.,	n or 21C, WHERE DID () otc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY	()					
m. WORK NOT WHILE							
	22. I hereh	n certifu that I att	onded the	deceased from 2-	13- 19 43 to	3-28- 19	50 that I last san the
22. I hereby certify that I attended the deceased from 2-13-, 19 43 to 3-28-, 19 50, that deceased alive on 3-28-, 19 50 and that death occurred at 1:45P m., from the causes and on the day 23A. SIGNATURE							
							23c. DATE SIGNED
	254. 510114	( )/	11/10		4940 Eastern Ave.		
2	4AL BURIAL, G	MENAL 247 DATE	,000				3-28-50
	A REMOVAL		1/2/	E 4C. NAME OF CEMENT	RY OR CREMATORY 240. L	TON (CITY IOU	state)
1	max	1/3	150	Stoul H	Jumes Do	Lumor	11/14
D	ATE RECEIVE		S SIGNATE	IRE U	25. FUNERAL DIRECTOR	2	ADDRESS /
-{	MAR SEGIST	950 Turking	ton Wil	150 11 S	o Market Birth	Se 1/12/4	1 De la
-	111 111	N	6 E E	PERSON A A ARREST ALL S SALES	1/12 (1991)	101/10/1	US IFICK (V



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2950

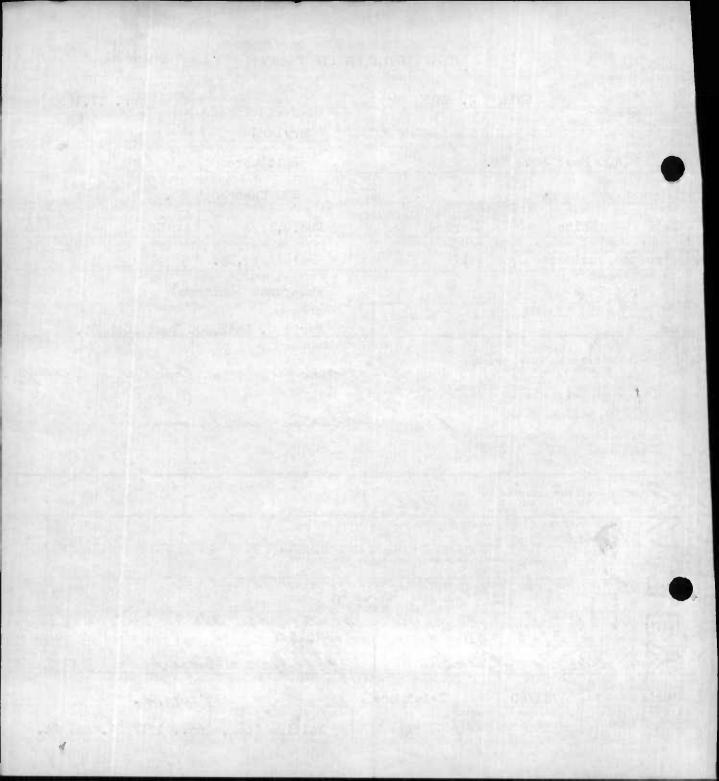
BIRTH NO		CERTIFICATI	E OF DEATH	negistered No.		
	F DECEASED			2. DATE		
(Type or Pr	El El	MIL J. SHEK		DEATH Mar.	28.1950	
	of DEATH: re City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, It ins B. COUNTY	titution : residence before admission)	
B. FULL N	ME OF (If not in hospi	ital or institution, give street address or				
INSTITUTION 600 East 30th St.			Baltimore 9-04 township)			
Δ_	000 2450 000	Yrs.		(If rural, give location)	7	
c Length	of stay in Baltimore	Mos.		t 30th St.		
5. SEX	6. COLOR OR RACE	Days	8. DATE OF BIRTH		iei 1 Year   It Under 24 Hours	
Male	White	WIDOWED, DIVORCED (Specify) Married			ns Days Hours Min	
10A. USUA	OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat	te or foreign country)   12	CITIZEN OF	
Prod	most of working life, even if refired uce business	Sepf Mostri	Baltimore, Md. WHAT COUNTRY			
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN NAME			
F	red Shek		Kunagunda (Unknown)			
15. WAS DE	CEASED EVER IN U. S. ARME	D FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
No		SECORITI NO.	Marie G. SI	hek,600 East 30th	St.	
18.	120.1.	CAUSE	OF DEATH		INTERVAL BETWEEN	
DI	SEASE OR CONDITION	DIRECTLY		-	ONSE! AND DEATH	
(This	does not mean the mode	of dying, e.g., (A)	nouary .	oralusion	3 days.	
heart	failure, asthenia, etc. It me	eaused death.) DUF TO				
	ANTECEDENT CAU	lese.	rlerio - s	-		
7	ANTECEDENT CAU	(B)	rlerio - s	relevous		
DISE	ASES OR CONDITIONS, TO THE ABOVE CAUSE (A	IF ANY, GIVING				
TA UND	ERLYING CONDITION L					
0		(0)				
ERTIFICATION HTO DAIN	ER SIGNIFICANT COND	OLTIONS CON				
TRIBI	ITING TO THE OEATH, BUT	NOT RELATED Mane				
19A. DA	TE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
CAL	naue				YES NO	
LYING	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  (If in Baltimore City, give INJURY OCCUR?					
10. TI	ME (Month) (Day) (Year	r) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?		
F INJ	JRY	m. WHILE AT NOT WHILE AT WORK		,		
22. I h	ereby certify that I at	tended the deceased from	3/25 , 1950, 1	10 3/28 1950	that I last saw the	
		, 19 50. and that death occur				
	SNATURE ON-		38. ADDRESS		23C. DATE SIGNED	
	t. Millia	eguylar M.D.	3961 gree	unacent leve.	3/29/50.	
TION, REMO	AL, CREMA- 248, DATE AL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town, or	county) (State)	
Buria	3/31/5	O Baltimore		Baltimore, Md.		
DATE REC	IVED BY   REGISTRAF	R'S SIGNATURE	25. FUNERAL PIREC	TOR	DDRESS	
	GISTRAR   /	- Kome & Will a more a world will be	1 1 1 1 1			
MAR 3	0 1950 huntu	ighor Millianies DINC	William Cod	ok, Inc., 1217 St.	Paul St.	

VS 150

correct age is especially important. Inju-

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

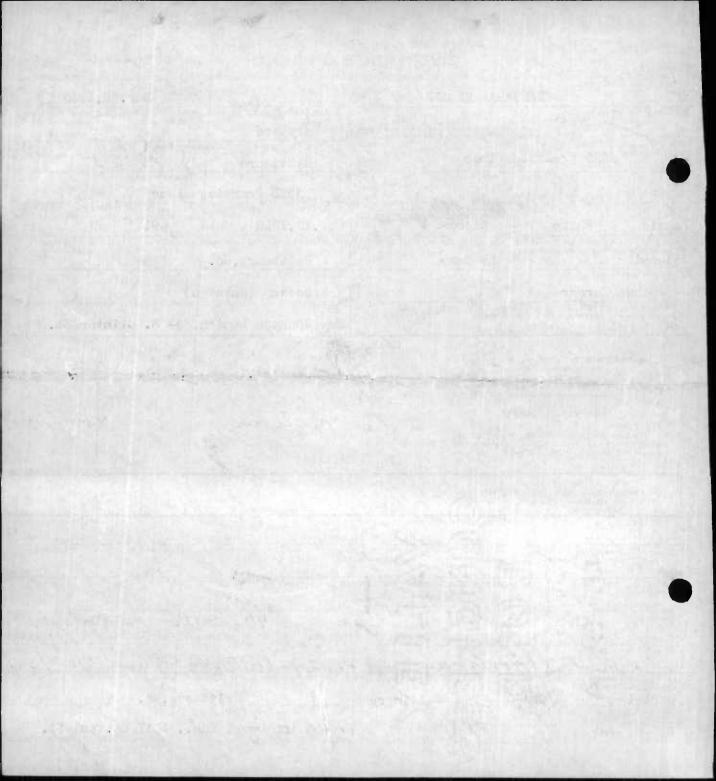
50 2951 Registered No.

В	BIRTH NO.								
	NAME OF D ype or Print)	L'UCY	1.50	LLERS		OF DEATH	8/50		
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	nstitution : residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	Marylan	al or institut	ion, give street address or location)		outside corporate limits,	write RURAL and give township)		
Mos.					o. STREET ADDRESS (If	rural, give location)	117		
	SEX	6 COLOR OR RACE	7. SINGLE	Days  MARRIED,  ED DIVORCED (Specify	1		nder 1 Year If Under 24 Hours the Days Hours Min.		
10 wor	A. USUAL OCA done during most	CCUPATION (Give kind of of working life, even if retired)	10B, KIND	ØF BUSINESS OR INDUSTRY	Jallemo	oreign couptry)	2. CITIZEN OF WHAT COUNTRY?		
7	Ohn	NAME FO	nd.		14. MOTHER'S MAIDEN N	anck			
(Ye	s, no or unknown	ED EVER IN U. S. ARME (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	LASI F Selle	13 3740 Be	oress Ave		
	18. 44	3 x .		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., (A)								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO								
	ANTECEDENT CAUSES Type Teners. Ca Seaves Cular								
Z	DISEASE	S OF CONDITIONS		(B) /	Crease Con	desces and			
E	RISE TO	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TI			Grene			
CA	DIADEKE	TING CONDITION E	ASI.				STATE OF STATE		
TIF	MALE CALL	11		(C)					
ER		SIGNIFICANT COND							
Ü	TO THE	DISEASE OR CONDITION	CAUSING	іт.	DATION		20. AUTOPSY?		
AL	ISA. DATE	OF OPERATION O	9B. MAJOR	FINDINGS OF OPE	RATION		YES NO		
EDIC.	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, atreet, office hldg.		If in Baltimore City, gi			
M	210 TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURF	RED 21F, HOW DID INJUR	Y OCCUR?			
E	FINJURY			WHILE AT NOT WHILE WORK AT WORK					
			12 / 1950 to	2/2-6 105	- C				
	22. I herei		That I last saw the						
	23A. SIGNA	titye by 2/21	1. /	10.01	238. ADDRESS	the causes and on th	23c. DATE SIGNED		
77	4A. BURTAL.	CREMA- 24B. DATE Specify)	100	24C. NAME OF CEMET	FRY OR CREMATORY 240	OGATION (City, town,	eoup(y) / (State)		
12	ma	1011	50	Longon (	Jours Ha	cumy	"17		
	OCAL REGISTIAN 3 0 15	TRAR	S SIGNATU	lights MARING	2 TONERAL DIRECTOR	Inc 1219	STOWN S		
	VS 150	8					920		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2952 Registered No.

В	RTH NO.			OEITTII TOTTI	- 01 DE/111		
	NAME OF DE		ATD A TEL	at tran		2. DATE OF	00 3050
BARBARA KELLER  3. PLACE OF DEATH:						NCE (Where deceased lived, I	f institution : residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE Maryland	B. COUNTY	before admission)
H	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give
7	2	225 Prentiss	Place		Baltimo	re 8-	04 township)
L		A-1-4-4-4		Yrs.		SS (If rural, give location)	1
-		ay in Baltimore		Mos. Days		rentiss Place	
	emale	6.COLOR DR RACE White		E. MARRIED. VED, DIVORCED (Specify) DW	8. DATE OF BIRTH Oct. 16, 1858	9. AGE (in years last birthday) M	onths Days Hours Min
10	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ousewife	NOTETING INC. CYCLE IN TOUTOUT	At he		Baltimo	re, Md.	WHAT COUNTRY
13	FATHER'S NA	AME			14. MOTHER'S MA	IDEN NAME	
	Joshua	Turner			Rebecca	(Unknown)	
15 (Ye	. WAS DECEASED	O EVER IN U.S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Mrs Johanna	Landon,824 S. Cl	inton St.
	18. 154	/ X		CAUSE	OF DEATH		INTERVAL BETWEEN
1		OR CONDITION		An	/		7-1
	(This does	not mean the mode of e, asthenia, etc. It mea	f dying, e.	B., (A)	sonar	preumeria	5 aay
	injury or o	complication which c	aused death	.) DUE TO			
	A	ANTECEDENT CAUS	ES	P.1	Parti		Rome of i
TION	DISEASES	OR CONDITIONS, I	F ANY. GIVII	(B)	/4 cun	<b></b>	o manus
Ĕ	RISE TO TH	E ABOVE CAUSE (A)	STATING T				
CA				(C)			
ERTIFIC		11					
ER	TRIBUTING	GNIFICANT CONDI	NOT RELAT	ED			
U	-	OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	ISA. BATE OF	OF ERATION O	JB. MAJON	FINDINGS OF OPEN	ATION		YES NO
EDICAL		NT WAS UNDER-	218. PL	ACE OF INJURY (e. g., in	or 21c. WHERE D		
E	LYING OR CAUSE OF D	CONTRIBUTING	about home,	farm, factory, street, office bidg., e	to.) INJURY OCCU	R7	
Σ	10. TIME (M	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
	FINJURY		m.	WHILE AT NOT WHILE			
	22. I herebu	certify that I att	ended the	deceased from 900	u. 2 - 1941	Oto 3/28 , 193	Chat I last saw th
	dcceased ali	ve on 3/27	. 195 0	and that death occur	red at 3 2 A 17 m.	from the causes and on	the date stated above
	23A. SIGNATI				3B. ADDRESS	ort off	23c. DATE SIGNED
_	7.1		non			tterson He Cu	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE					RY DR CREMATORY	24b. LOCATION (City, town	n, or county) (State)
-	Burial ATE RECEIVED	3/2/5		Baltimore	SE KILNEDAL DID	Baltimore, Md.	ADDRECC
7	MAR 3 0 19	AD TO	SSIGNATI	1100	25. JUNERAL DIR		t.Paul St.
	VS 150		-		4		118
H							46%

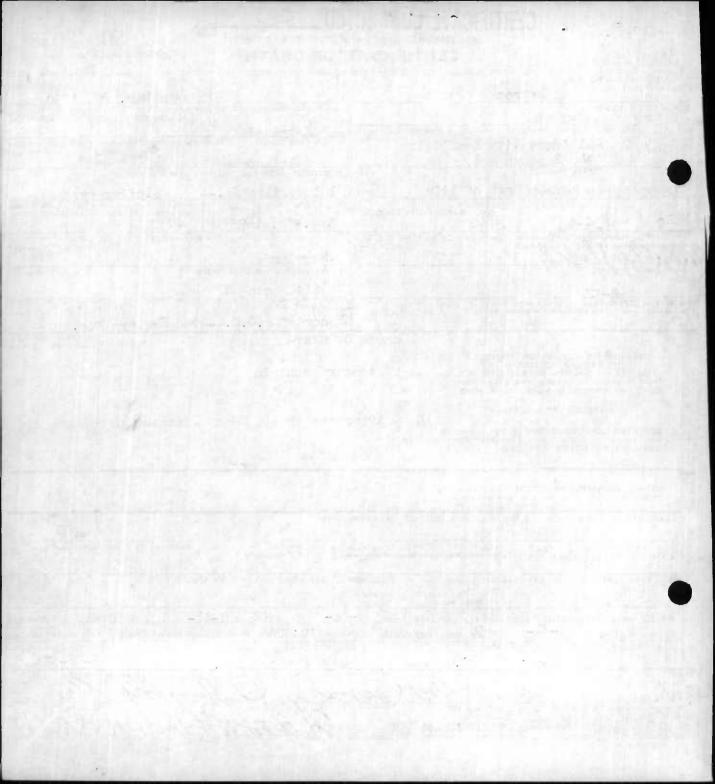


400 MS--74947

# CERTIFICATE CORRECTED 3-30-50

Registered No. 2953

BI	50 No. 2	953	CERTIF	ICATI	E OF DEATH	Registered No	0
	NAME OF Dype or Print)	DECEASED Heri	man Pohle			2. DATE OF DEATH Mar.	29 1070
Α.		City, Maryland			4. USUAL RESIDENCE (W		nstitution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION		ity nospitals	location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and giv township
		stay in Baltimore N		Yrs. Mos. Days	1010 Stiles St.	rural, give location) - (Infir	mary)
M	ale	%hite	Widowed, DIVORCED	O (Specify)	8. DATE OF BIRTH 1877 Aug. 26, 1875?		nder I fear If Under 24 Hours the Days Hours Min.
10	A USUAL OF A done during Tobal	CCUPATION (Give kind of of working life, even if fetired)	10B. KIND OF BUSINES	S OR DUSTRY	II. BIRTHPLACE (State or fo Maryland	reign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN NA	ME	
15	. WAS DECEAS	enry ED EVER IN U. S. ARME	D FORCES?   16. SOCIAL		Elizabeth ?	4.0	DDFGG
(Ye	s, no or unknown	(If yes, give war or date	se of service) SECURIT	TY NO.	Records* B.C.H		Ave
CERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  BIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	TH  of dying, e. g., ans the disease, caused death.)  DUE TO  SES  (B)  F ANY, GIVING STATING THE AST.  (C)  ITIONS CON- NOT RELATED IT CAUSING IT.	Arte	chopneumonia riosclerotic Hear	t Disease	ONSET AND DEATH
SAL	19A. DATE	OF OPERATION,	198. MAJOR FINDINGS C				YES X NO
MEDICAL		DENT WAS UNDER- OR CONTRIBUTING[] DEATH	218. PLACE OF INJUR about home, farm, factory, etreet,			f in Baltimore City, given	ve exact location)
	F INJURY		m. WHILE AT WORK	NOT WHILE			
	dcceased a	live on 3-28-	tended the deceased fro _, 19_50. and that dea		-26-, 1942, to 3- rred at 10:00 Am., from th	28-, 19 50 he causes and on the	that I last saw the date stated above
	23A. SIGNA	TURE S.	( Jan.	M. D.	4940 Eastern Ave.		3-28-50
III	DN. REMOVAL	CREMA- 24B. DATE Specify)	1/37) PAG. NAME OF	CAA	RY OR CREMATORY 240 LC	CATION (City, town, o	r county (State)
Lol	ATE RECEIVED CAL REGISTAL AR 3 0 1		s SIGNATURE		25. FUNDAL PIRECTOR	And 1219	ADDRESS ST
	VS 150	0				-6	

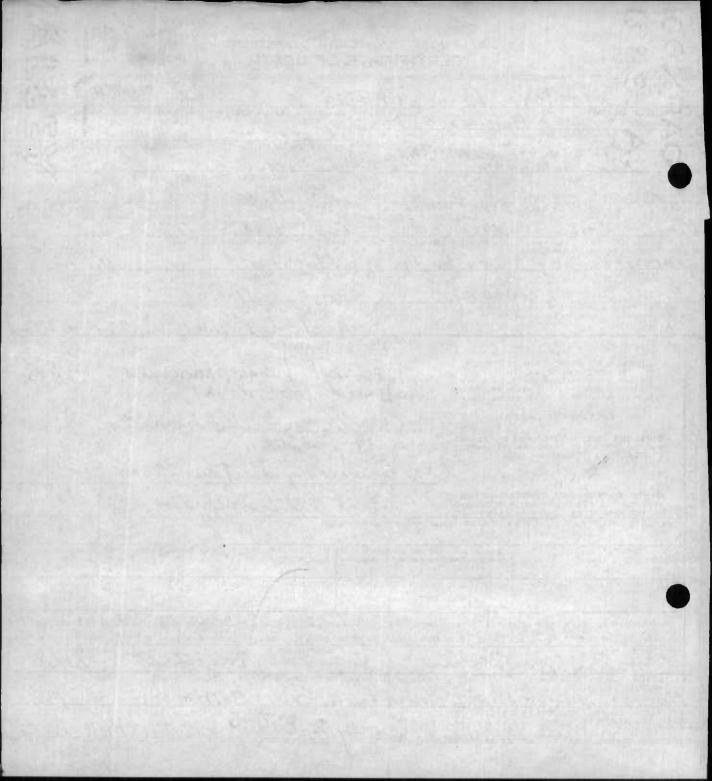


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2954

Registered No.

BI	RTH NO.						
(T	NAME OF D ype or Print)	Wesley	4 13	TAY	10P	DEATH	# 28 1950
	Baltimore C	City, Maryland		ore Md.	4. USUAL RESIDENCE	CE (Where deceased lived, If inst	itution: residence before admission)
H	FULL NAME	>		n, give street address or location)	c. CITY OR TOWN	(If outside corporate limits, w	rite HIRAL and give
IN	STITUTION	inecre	1 SA	NITARILLY	Baltimor	9-05	township)
		y yare		Yrs.	D. STREET ADDRESS	(If rural, give location)	
-		tay in Baltimore	Life	Mos. Days	1137 Hom	estead	
5.	SEX	6. COLOR OR RAC		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H Under   Month	s Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind		OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)   12	CITIZEN OF
	done during most o	of working life, oven if retire	ed)	INDUSTRY	Marylan	1	WHAT COUNTRY?
13	FATHER'S		lown	business	14. MOTHER'S MAIDE	EN NAME	
	?	To	Wor		Agnes 1.	Borina	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARM	TEO FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	No				Annie CT	aylor (Wife) 1137	Homesteua
	18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO DE	EATH	Tom	inal lobus	e preumom'a	48485
	heart failu	re, asthenia, etc. lt m	neans the disease.	b			10443
	injury or	complication which		DUE TO W	cot 10.00 [11		2
Z	ANTECEDENT CAUSES  (B) (h RON'C my oranlis degeneration						1
110	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (	A) STATING THE	E DUE TOUR M	yraiditis,		
CA	UNDERLY	YING CONDITION	LAST.		0.00	+ 1	?
TIF		н		(c) yeu	malezed a	itenscherens	
ERTIF	TRIBUTING	SIGNIFICANT CON	JT NOT RELATED	Casalas	I ostoro	sclevosis	?
C		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL							YES NO
MEDICAL	HOMICIDE	(Specify)		CE OF INJURY (e. g., in rm,factory,street, office bldg.,s		(If in Baltimore City, give	exact location)
2	INJURY	(Month) (Day) (Yes	w	TE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	22 I hereb	as agaifus that I a		dcceased from Mu	l 21 100 +	o march 28, 1950, t	hat I last sam the
	deceased al	live on Ment 2	7. 1950 a	nd that death occur	red at 640 Um., fr	om the causes and on the	
	23A. SIGNAT		Baro		3B. ADDRESS 20 30 W. 7	2 1 2	3C. DATE SIGNED
2	4A. BURIAL.	CREMA- 24B. DATE	07144	M. D.	/	4D. LÖCATION (City, town, or	county) (State)
	ON REMOVAL (S	pecify	211600	1 1 1	111	m 11.	m-1
D	ATE RECEIVE	D BY   REGISTRA		RE OUGAN / G	25. FUNERAL DIRECT	Ballim ore	DDRESS
M	AR 3 A 19	RAR Thurtie	to Will	0,0	V. Prelville (	Penkins 2713 Ki	rk Ave
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		MEDINE !					18



			BA	LIMORE	CITY	EALIR DEPAR		D 14 13	
5	RTH NO. 5	5		CERTI	FICAT	E OF DEAT	Н	Registered N	VO
1. (T	NAME OF D Type or Print)	ECEASED 7	Naa	are	Ro	bests		OF MA	1.0/ 29 190
	PLACE OF D Baltimore (	EATH: City, Maryland	1) who	1a-	3 77	4. USUAL RESID	ENCE (Where d	eceased lived. If B. COUNTY	institution : residence before admission)
В.	FULL NAME		oital or institut	tion, give str	eet address o		M. (If outside	Q-C	7 6 s, write RURAL and give
IN	ISTITUTION	CHARL HUMANG	OCBPPET			13	alter	vore.	township)
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yrs. Mos.		ESS (If rural,	give location)	A_
-	Length of s	tay in Baltimore	E 7 SINGL	E. MARRIE	Day	11 / 1/ 2/ 7	6 29	GE (In years)	Under 1 Year   If Under 24 Hours
4	male	White		VED, DIVOR				st birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of working life, wen if retire	of 108. KINI	OF BUSI	NESS OR	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
12	Hours A	emfe	1	tone		14. MOTHER'S M.	to lety		Vsa
.`	u	Im. elu	istra	n		Ra	chel	Hues	sel
15 (Ye	5. WAS DECEASI	O EVER IN U.S. ARM	stem of service)	16. SOCI	AL BIJY NO.	17. INFORMANT	INS HOPKINS	HOSPILAL A	DDRESS
	18. / 7	EX.				OF DEATH			INTERVAL BETWEEN
		SE OR CONDITION			d				ONSET AND BEATE
	heart failt	LEADING TO DE not mean the mode ire, asthenia, etc. It m	eans the disea	se,	Co	arcinomates	1		unKnewn
	injury or	complication which		n.) DOE					
Z	DISEASE	S OR CONDITIONS		(B)	Car	cinoma of	ovary	***************************************	3-44 can.
FICATION	RISE TO 1	THE ABOVE CAUSE (	A) STATING T		ro				
FIC				(C)					
RTI	OTHER S	II SIGNIFICANT CON	DITIONS CO						
CE	TO THE D	TO THE DEATH, BU	ON CAUSING	IT					
AL	19A. DATE C	291950	19B. MAJOR		1 .	ERATION			YES NO
EDIC/	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF IN.	JURY (e. g.			Saltimore City,	give exact location)
ME			1						
	21b. TIME FINJURY	(Month) (Day) (Yes		WHILE AT	NOT WHIL	E	D INJURY OCC	UR?	
	22. I hereh	y certify that I a	m.	work L	from.	5 . 2	to 3-2	9- 195	, that I last saw the
		live on 3.24				A	,		he date stated above
	23A. SIGNA	IT La	tham		м. р.	23B. ADDRESS	IAMS HOPKINS	HOSPIE	March 29,1950
Z TI	4A. BURIAL, ON, REMOVAL (S	3-3/		24c. NAME	OF CEMET	TERY OR CREMATORY	24D. LOCAT	ON (City, town	
	ATE RECEIVE	D BY   REGISTRA	R'S SIGNAT	URE		25. FUNERAL DI	RECTOR	0 0	ADDRESS
M	AR 3 U 195	Vitantie,	ton Mil	Paul A	4 100	Dand	m.	Drovbs,	pails, med
	VS 150	- 4	9 -						1100

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BALTIMORE CITY HEALTH DEPARTMENT Registered No 3698 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Man id 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | It Under | Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. W. 25-1900 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amuel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL C LANGER LAN (Yes, no or unknown) SECURITY NO. -623 lumbes 18. INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 1944 to 3-29-, 1959, that I last saw the 22. I hereby certify that I attended the deceased from 1 2-1 deceased alive on 3-28-1950, and that death occurred at 3 m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED under Trange Maller 24A. BURTAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOYAL (Specify)

VS 150

DATE RECEIVED BY

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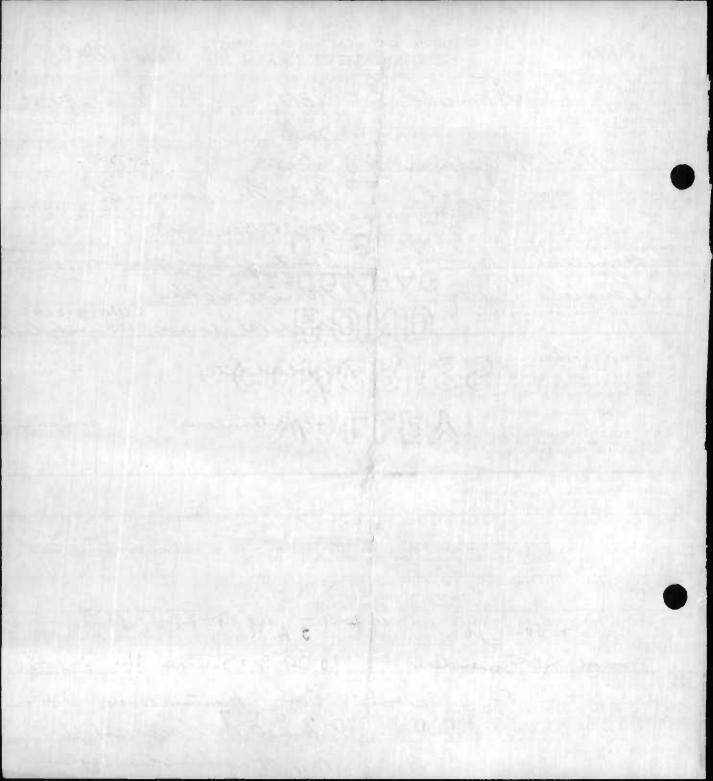
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25. FUNERAL DIRECTOR

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ADDRESS

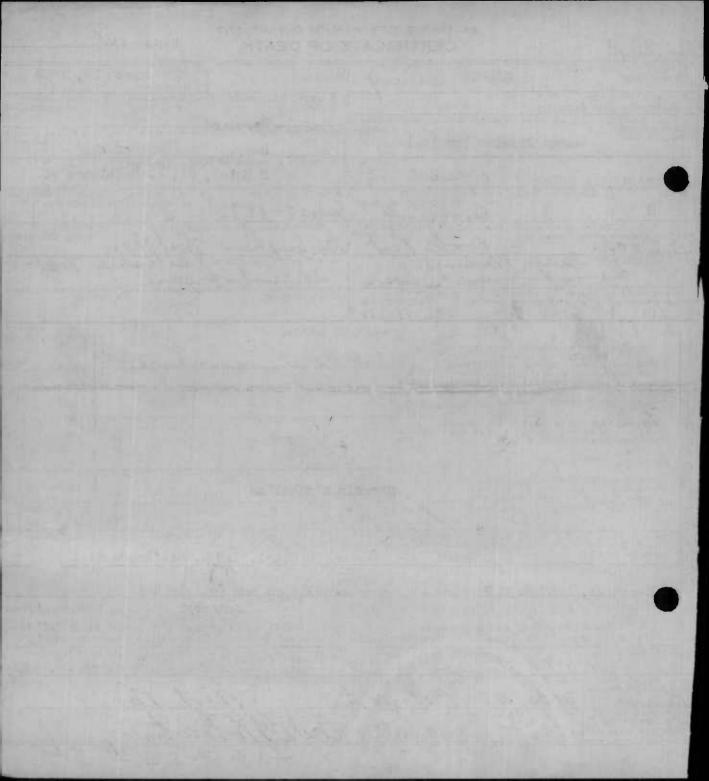


### BALTIMORE CITY HEALTH DEPARTMENT Registered No.

50	2957

5	0 2957 RTH NO.	CERTIFICATE	E OF DEATH	Registere	d No.
	NAME OF DECEASED  ype or Print) John Randolph	Moore		2. DATE OF DEATH 3	-27-50
B.	PLACE OF DEATH: Baltimore City, Maryland 3834 S FULL NAME OF (If not in hospital or instit DSPITAL OR STITUTION	Sequoia Ave ution, give street address or location)	A. STATE	NCE (Where deceased lived B. COUNTY equoia Ave (If outside corporate li	. If institution : residence
c.	Length of stay in Baltimore 67vrs	Yrs. Mos. Days	3834 Seque	ss (If rural, give location)	
_IV	ale White Man	LE. MARRIED, WED, DIVORCED (Specify) Tied	8-15-188	9. AGE (In years last birthday) 67	Months Days Hours Min.
Cc	A USUAL OCCUPATION (Givekinder done during mostof working life, even if retired)  mmerical Traveler  FATHER'S NAME  Har	line Bros.	Baltim	ore Md.	12. CITIZEN OF WHAT COUNTRY
	Henry C. Moore . WAS DECEASED EVER IN U. S. ARMED FORCES?			s F. Dahle	
(Ye	No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-07-3529	Laura Cat	herine Moore	ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disc injury or complication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVERISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS OF	(B) Ard the due to Vas		temory had	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING	TED	ATION		20. AUTOPSY?
SAL	ISA, BATE OF OF EMAPLES OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			YES NO
MEDICAL		LACE OF INJURY (e. g., it e, farm, factory, street, office bldg., e	ite.) INJURY OCCUP		y, give exact location)
	m.  22. I hereby certify that I attended the deceased alive on 3-37.95.  23A. SIGNATURE	and that death occur	red at 3 2 P. m.,	to 3-27, 19 from the causes and on	of that I last saw the the date stated above 23c. DATE SIGNED
2. TI	AA. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY		own, or county) (State)
I D	Surial 3-30-50 ATE RECEIVED BY RECISTRAR'S SIGNAL REGISTRAR IN 3 0 1950	Druid Ridge	25. FUNERAL DIRE	Fith anna	Md.
1117	VS 150	27815	_ 5118 Gwy	nn Oak Ave	937

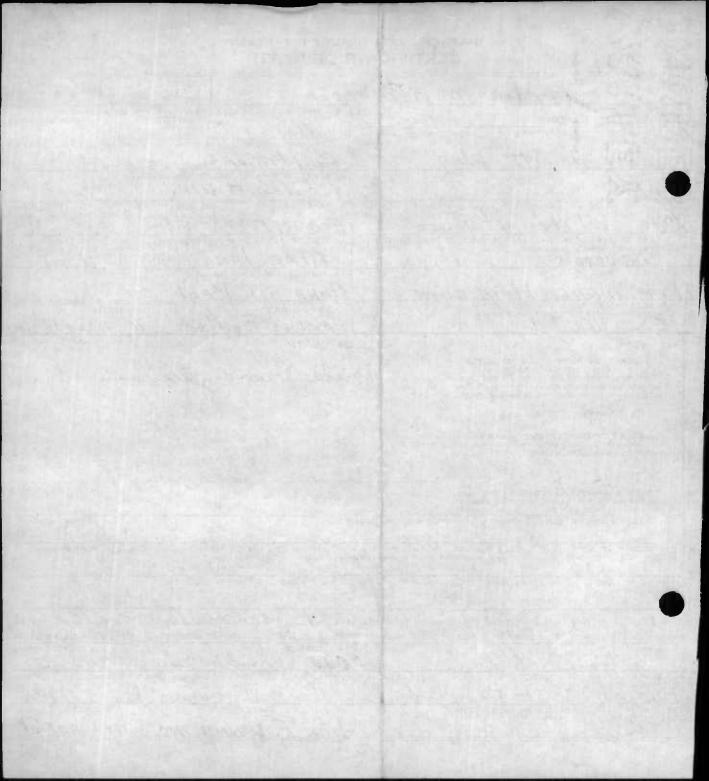
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### BALTIMORE CITY HEALTH DEPARTMENT

50 2959

BI	A HEAR	1029	59		C	CERTIFICAT	E OF DEATH	Register	ed No.
		OF D Print)	ECEASE		INANE	Heines	23 = 10	2. DATE OF DEATH 3	- 28 - 50
		e of d	City, Ma	ryland			4. USUAL RESIDENCE (	Where deceased live B. COUNT	
	FULL	NAME L OR	OF (I	f not in hospit	al or institution	n, give street address or location	c. CITY OR TOWN	If and all and	limits, white RURAL and give
	STITU	TION	, 4	lewit	T WA		BALTIMOR	1	township
7			///	2011	0071	Yrs.		f rural, give location	n)
C	eng	th of s	tay in E	Baltimore		Mos. Days	901 Newitt	WAY	
5.	SEX	10	6.COLC	R OR RACE	4 4 4	D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday	Months Days Hours Min.
10	A. USL	JAL OC	CUPATIO	ON (Givekinder	1 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
vorl	done du		of working li	fe, even if retired)		ROAD	mppulps	vd.	WHAT COUNTRY
13	. FATH	HER'S		76	1 /////	KONG	14. MOTHER'S MAIDEN	NAME	U.JA-
	Fe	RDI	NAN	DH	PINEG	GPA	ANNA M. T.	Beck	
15 (Ye	. WAS	DECEAS	ED EVER I	N U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Je 07-	ADDRESS
1	LE	5	WU	)#1		-	FRANCES ISEL	HART 9	101 Hewitt War
	18.	420	0.1			CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEA		ONDITION		0.	A- P	a 1	0
			s not mea	n the mode	of dying, e. g., ans the disease,	(A)	ute Goson a	my Ocche	iscon / Mr.
	in	jury or	complica	tion which	caused death.)	DUE TO		0	
7			ANTECE	DENT CAU	SES				
ATION					IF ANY, GIVING			*******************************	***
AT				NDITION L		. 502 10			
CERTIFIC				11		(C)	14 /41		
RT					ITIONS CON-				
Q E				R CONDITIO	NOT RELATED N CAUSING IT.	***************************************			
1	19A.	DATE	OF OPER	ATION	198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A.	ACCID	ENT, SUI	CIDE,	218. PLAC	E OF INJURY (e.g., i	s or   21c. WHERE DID	(If in Baltimore C	ity, give exact location)
	ном	ICIDE	(Specif	(y)	about home, far	m,factory,street,office bldg.,	etc.) INJURY OCCUR?		
Σ			(Month)	(Day) (Year	) (Hour)   2	IE. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
		NJURY				NOT WHILE			
	22.	l hereb	by certif	y that I at	tended the d	eceased from ma	ch 27 , 1950, to	march 28,	1950, that I last saw th
	dece	ased a	live on_	march?	17.1950. a	nd that death occur	rred at 4: 30 Am., from	the causes and	on the date stated above
	23A.	SIGNA	TURE	0 1	01.	72.70	3B. ADDRESS	400	23c. DATE SIGNED
2	1A. BI	JRIAL,	CREMA-	24B. DATE	mon 2	4c. NAME OF CEMETE	RY OR CREMATORY   24b.	LOCATION (City,	town, or county) (State)
TI	N. REI	MOVAL (S	Specify	3-31-	-50.	Financi	Per le 100	Ewood	Pol mu.
		ECEIVE		REGISTRAR	S SIGNATUR	EALLA SER	25. FUNERAL DIRECTOR	7	ADDRESS
-	MAR	REGIST	1950	1	G F	1 6 5	JOHN F. DENI	VV INC.	715 LIGHT St.
	VS	150			A but	3-17	7 00	1	Λ.
						1029	1)		94a



#### BALTIMORE CITY HEALTH DEPARTMENT

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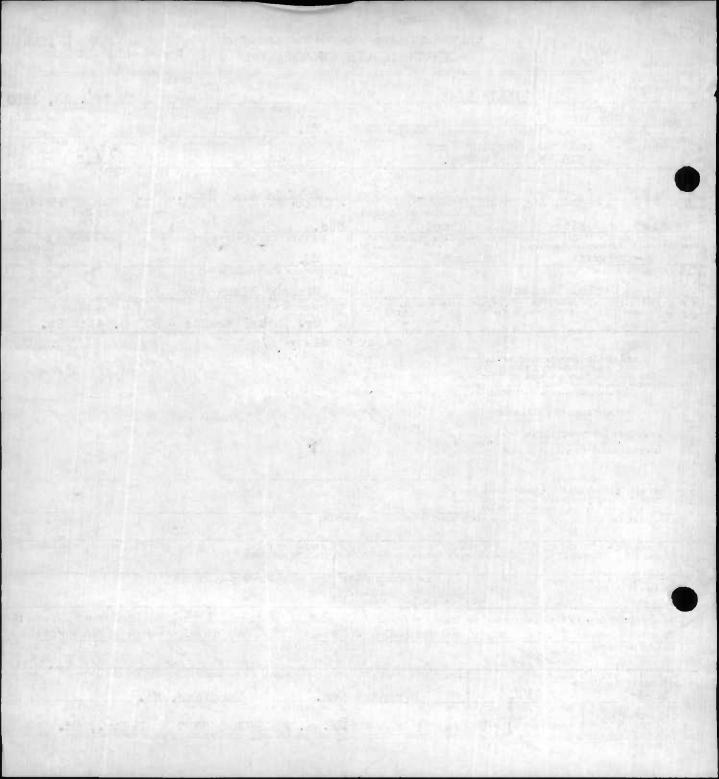
50 2960 BALTIMORE CITY HEALTH DEPARTMENT 50 296					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Abraham Israel Aaron	oF March 30,1950				
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or					
HOSPITAL OR 10cation 10cation	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Mos.	4650 ParkhEights Ave				
Male White Single MARRIED.  White Single	8. DATE OF BIRTH 9. AGE (in years of binder ) Year last birthday) Months: Days liours Min.				
10A. USUAL OCCUPATION (Givekind of 10B KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
work dame during most of working life, open is ratifol)  INDUSTRY	Baltimore Md WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Phillip Aaron	Alice Fogelman				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
SEGMITING.	Mollie Aaron 4650 ParkHeights Ave				
18. 444 X CAUSE	OF DEATH				
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g., (A)	ricular febrillation I months				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	1 . 4 .				
Z (B)	Typerliner Lyens				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION EAST.  (C)					
OTHER SIGNIFICANT CONDITIONS CON-	D. A. F. 1.0				
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	rgstire failure				
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?				
	YES NO				
21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?				
TINJURY  WHILE AT NOT WHILE AT WORK AT WORK					
	wenth, 1949 to March 30, 1950, that I last saw th				
deceased aline on hand 30 1950 and that death ocea	rred at 4:30 4.m., from the eauses and on the date stated above				
234 SIGNATURE	238. ADDRESS 23C. DATE SIGNED				
Gris R. Maser M. D.	4333 (Yank 18 ghts on 3/30/50				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)					
Burial   March 31,1950 Beth Tfiloh					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS				
MAR 3 0 1950 - 4 + Wille 15 110 C	Sol Levinson & Bros 1124 W North Ave				
VS 150	2				
10678	95a				

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

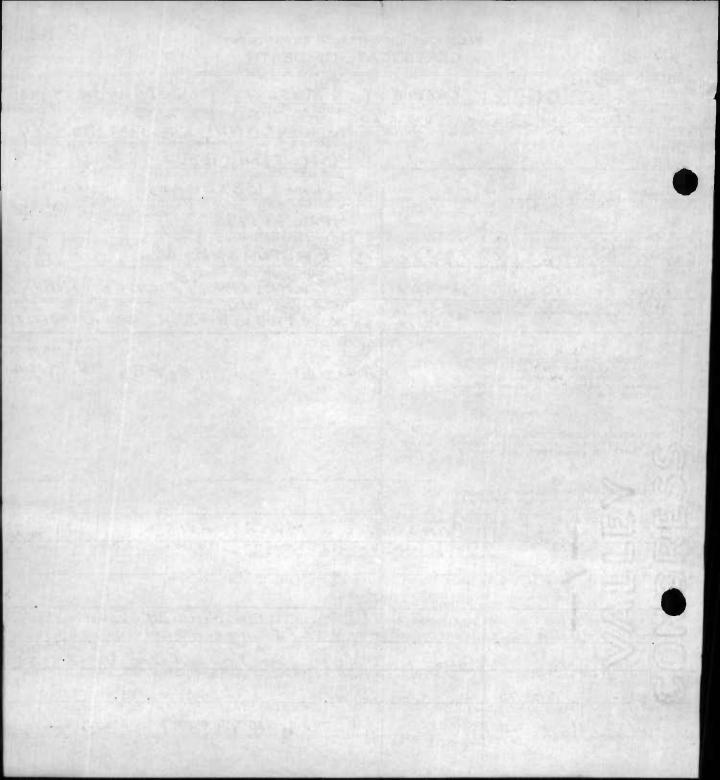
Registered No. 2961

BI	RTH-NO.	K-C/U-L		OEITTI TOTTI	- O. DEM		
1. (T	NAME OF D	ECEASED				2. DATE OF	
			LLIE L	INK		DEATH	Mar. 28, 1950
Α.		City, Maryland			4. USUAL RESIDENCE (V A. STATE Md.	Where deceased lived, I B. COUNTY	f institution; residence before admission)
	FULL NAME OSPITAL OR			ion, give street address or location)		outside cornerate lim	its, write BURAL and give
IN	STITUTION	Anderson N				outside corporate un.	township)
4	-0	3605 Hills	date A		Baltimore	12	011
e.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
F	emale	white		PED, DIVORCED (Specify)	Dog 1868	last birthday) N	lonths Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	1 12. CITIZEN OF
work		of working life, even if retired)	,	INDUSTRY	25.2		WHAT COUNTRY
12	FATHER'S	known	unkno	OWN	Md.		
13				Phillips -	14. MOTHER'S MAIDEN N.	AME	
		Daniel Bennet			Blanche Richa	rdson	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	-			-	Mr. Daniel Me	ades - 501 F	E. 41st St.
	18. 2 2	1 \		CALISE	OF DEATH		INTERVAL BETWEEN
	2 2	1 / 1		CAUSE	o. Blatt	1 1 1	ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT		las	enelosal la inson	hard lethi	81) 2 day
	(This does	s not mean the mode oure, asthonia, etc. It mea	f dying, e	8-, (A)	V VVV / / I / VVVVVV	- / P	my. or a ys.
		complication which c			ralysis.		
		ANTECEDENT CAUS	ES	PAS	antillan.		a.l.
Z				(B) W	yearny y/rum	and -	2991.
15		S OR CONDITIONS, II					
A		YING CONDITION LA					
RTIFICATION							
Ē		11		(C)			
ER		SIGNIFICANT CONDI					
Ü	TO THE D	DISEASE OR CONDITION	CAUSING	it			
7	19A. DATE O	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
N			1 a4- B1		late waters are	Ye in The later City	YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., is form, factory, street, office bldg.,		It in Baltimore City,	give exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK L AT WORK		4 - 5 - 5	
		by certify that I att					20, that I last saw the
	deceased a	live on 3-24-	, 1950	and that death occur	rred at le Am., from t	he causes and on	the date stated above.
	23A. SIGNA	BURE 1			38. ADDRESS	. 11.1	23c. DATE SIGNED
	de	rang M. WW	mur/	м. р.	2604 yarry	my Mury	3. Z8.50
2.	AA. BURIAL, ON, REMOVAL (	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
	Burial		50	Lorraine	Cem. Woo	dlawn. Md.	
D	ATE RECEIVE	DEY   REGISTRAR'			25. FUNERAL DIRECTOR	The state of the s	ADDRESS
L O	DCAL REGIST	TRAR THE THE	云 風儿	BULDUE -	WM. O. FICKNER &	SONS Ro	lto., Md.
	All-All	THY	7 /2/100		To the state of	Jones Da.	LOO . MAG.
	VS 150						108
							108



BALTIMORE CITY HEALTH DEPARTMENT	00 190019
50 2962 CERTIFICATE OF DEATH Regist	ered No.
1. NAME OF DECEASED   2. DATE	
(Type or Print) FREDERICK FRNEST AUSCH OF DEATH	MARCH 29,1950
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased I	ived. If institution: residence
A. Buttindo C.	TIMORE CITY
	ite limits, write RURAL and give
BALTINIORE.	5-// township)
Yrs. O. STREET ADDRESS (If rural, give local	tion)
Length of stay in Baltimore LIFE. Mos. 3606 ROSEDAL	E ROAD
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (IN )	ear   Il Under   Year   Il Under 24 Hours
MIDOWED, DIVORCED (Specify) APRIL 28 1895 last birthd	ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
WORK done during mont of working life, even if retired) SPSUALTY INDUSTRY BALTIMORE, M	U. S. 17.
13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME	- 2 - 2 - 2 - 2 - 2 - 2 - 2
FREDERICK KO PAUSCH ERNESTINETRIE	TISER TO HHUSEK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn or unknown) (If yes, give war or dates of service) SECURITY NO. 2/2-10-3583 M. 25. FIZE U. TAUSCH.	3606 KUSFORGK
18. / J 7 X . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CARCINAMA - IAN CRE	AS 4 MANTH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
[] [] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	
[I] (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
HI O SI IOUD F D- DINEDEDE - METATTASIT	YES NO X
21a, ACCIDENT, SUICIDE.   21a, PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore	City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21s. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from DEC. 1949 to MAR. 29	7, 19 2 that I last saw the
deceased alive on 191418.22, 1922, and that death occurred at f. m., from the causes an	
238. ADDRESS POR RE	23c. DATE SIGNED
24a. BURIAL, CREMA-) 24B. DATE   24c. NAME OF CEMETERY OR CREMATORY   24c. LOCATION (Cit	
TION, REMOVAL (Specify)	
Burial - 3/31/50 Lorraine Cem. Woodlawn Date RECEIVED BY   REGISTRAR'S SIGNATURE   25, FUNERAL DIRECTOR	, Md ,
LOCAL REGISTRAR	
WM. I TICKNER W SONS	Balto., Md.

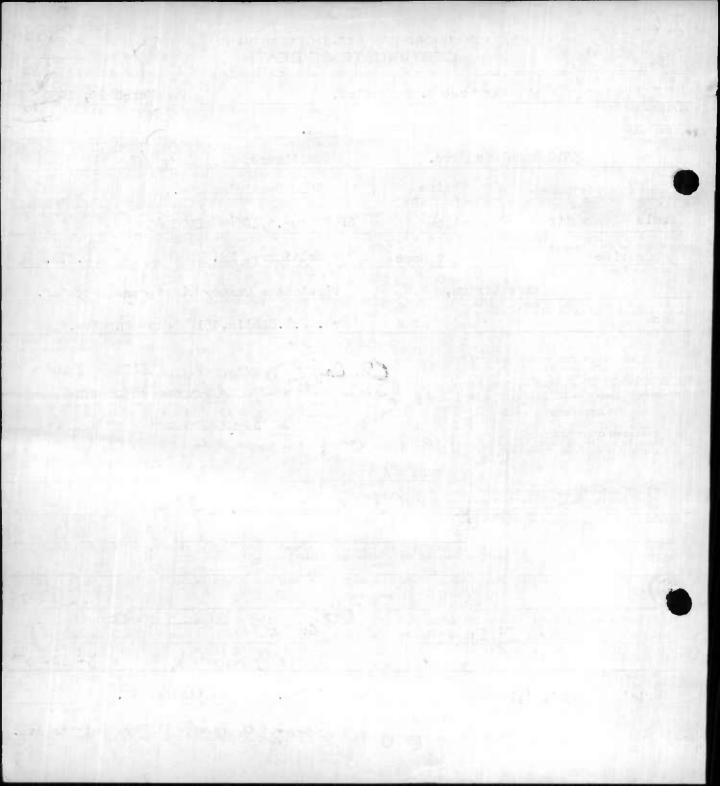
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

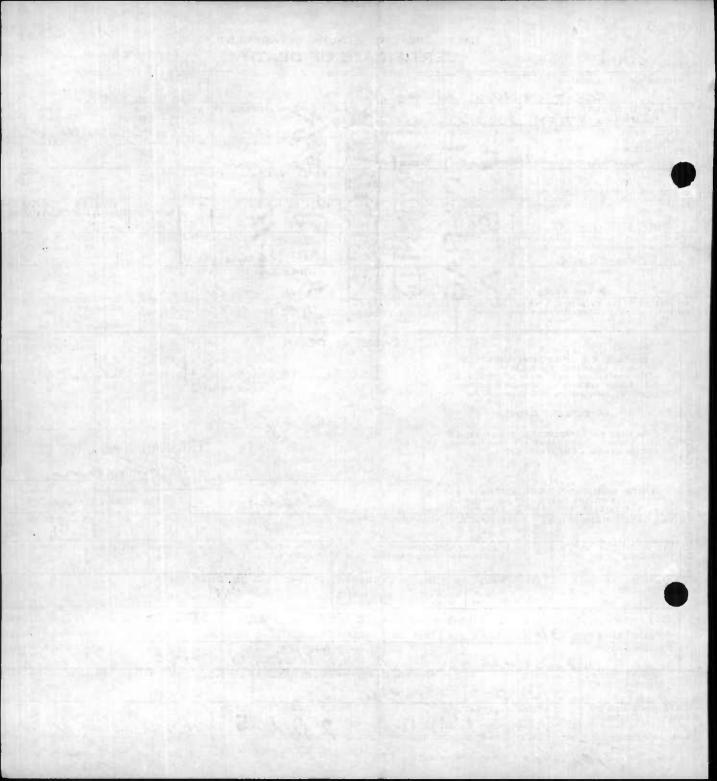
Registered No-BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Margaret E. McCormick, DEATH March 29, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 3512 Spaulding Ave. Baltimore. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3512 Spaulding Ave.. Length of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years 7. SINGLE. MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. female white ABOUT Aug. 6, 1864 ABOUT 85 widow 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY housewife Baltimore. Md. at home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Sexton, First name unknown, last name .. Hopkins. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO no none Mrs. F.E. Sahlin, 3512 Spaulding Ave. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coar Decrubeur (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 JF. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 1949 to Men 29, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on well 1919 50, and that death occurred a 5:00 Am. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Cathedral Cem. April 1,1950 Baltimore, Md. burial DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS MAR 3 0 1950

4611 Park Heights



1	45 6	The state of the s					50	2001
	1		RAI	TIMORE CITY HE	ALTH DEPARTMENT		30	2964
5	DTH N296	64		CERTIFICATI		Registere	d No	
	NAME OF E	ECEASED				2. DATE		
T)	Type or Print)	Katherin	1 Alma	HOLMES.		OF DEATH	3/28/5	0
3. A.	Baltimore		2 2	miresite Ho	4. USUAL RESIDENCE (		. If institution bef	: residence fore admission)
H	OSPITAL OR	OF (If not in ho	spital or institut	ion, give street address or location)	c. CITY OR TOWN (1)	f outside corporate li		
11/	ISTITUTION	Shore 1	2	Margland	Pasadena	5	200	township)
	- words	JANUA .		Yrs.	D. STREET ADDRESS (If	rural, give location	)	
	-	stay in Baltimor		Mos. Davs				
5.	SEX	6. COLOR OR RA		E, MARRIED, (Specify)	8, DATE OF BIRTH	9. AGE (In years last birthday)		If Under 24 Hours
	Famale	white		idowed.	nac 4 1875	74		
1C rorl	A. USUAL OC k done during most	CUPATION (Give kin of working life, even if ret	adof 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZ WHA	ZEN OF
10		remple			Mary la	ind.		
13	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
		The MACO	Hugh	Curley	Mary Cart	4-		
1 5 (Ye	5. WAS DECEAS m, no or nnknown) //o .	ED EVER IN U. S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	485. MATTERNE REED	142	ADDRESS	~ SP.
					3		INTER	VAL BETWEEN
	18. 42			CAUSE	OF DEATH			T AND DEATH
	DISEASE OR CONDITION DIRECTLY							
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
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NOIL		DISEASES OR CONDITIONS, IF ANY, GIVING						
A	UNDERLYING CONDITION LAST.  CERTIFICATION APPROVED BY							D BY
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ER		SIGNIFICANT CO			about 1	CHIEF OD ACCT	ACDIOAN EVAN	M. D.;
Ö	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CAL	19A. DATE	OF OPERATION (	198. MAJOR	FINDINGS OF OPER	ATION		20. YES	NO A
000		ENT, SUICIDE,		CE OF INJURY (e.g., in		If in Baltimore Cit	y, give exact	location)
MEL	HOMICIDE	(Specify)		arm, factory, street, office bldg., e				
7	J. TIME	(Month) (Day) (Y		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from 3/20/20, 1950, to 3/28, 1950, that I last saw the							
	deceased alive on 3/27, 1950, and that death occurred at 3100 fm., from the causes and on the date stated abov							
	23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGN							
	V	Mask 9	Halk 9	м. D.	487 1118	Hosp	-0 /	28/50
2	4A. BURIAL.	CREMA- 248. DAT	E ()	24c. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, to	wn, or county	) (State)
TI	ON, REMOVAL	Specify)	1.0	CATHEDRAL	CEH.	city.		
D	ATE RECEIVE		AR'S SIGNATI		25. FUNERAL DIRECTOR	- 13	ADDRES	SS
	OCAL REGIST	IRAR	The state of the	Manuage -	10 B - do . 5	San - Fore	NARROS	AVE TOND

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	8-200 RTH NO.	50	2965		CERTIFICA			Registere		
1. (T	NAME OF ype or Prin	DECEAS	JE JE	NNY	TOSCH	ES (BEC	(C10) 2.	OF DEATH	1/2	9/50
Α.	PLACE OF Baltimore	City, N	-			4. USUAL RESIL	DENCE (Where	B. COUNTY		ution: residence before admission
H	FULL NAM DSPITAL O	R	. 5 7	7	tion, give street address location		N (If outs		imits, wri	te RURAL and giv Lownship
6	Length o	f stay in	Baltimore		33 Yrs	9 =	RESS (If rura	PoBIA		ST.
	F		OR OR RACE		E. MARRIED. VED, DIVORCED (Speci	8. DATE OF BIR		AGE (in years	It Under I	
work	done during m	ost of working ひ S た ト	ION (Give kind o life, even if retired VIFE	10B. KIND	O OF BUSINESS OR INDUSTI	11. BIRTHPLACE	State or foreig	n country)		WHAT COUNTRY
13	SIUS.	EPPE	= 70	SCHE	=5	A NNA	A -	REOLA		
15 (Yes	, WAS DECE	ASED EVER	IN U.S. ARME s, give war or dat	ED FORCES? Les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	TROT		L36	P. PO DINDRA
RTIFICATION	(This cheart for injury DISEA RISE T	LEAD loes not me ailure, asth- or complie  ANTEC	CONDITION ING TO DE/ each the mode enia, etc. It me eation which EEDENT CAU ONDITIONS, EVE CAUSE (A ONDITION L	ATH of dying, e.; eans the disease caused death USES  IF ANY, GIVIE ) STATING TI	ng (B)	ERIOSCLER SCULA I IERALIZE]	R Dis	ARDIO EASE RIOSCLE		SNKNOW
CERT	TRIBUT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19a. DATI	OF OPE	RATION	198. MAJOR	FINDINGS OF OP	ERATION				20. AUTOPSY7
1EDICAL	21A. ACC HOMICID	DENT, SU E (Spec		21B. PLA about home,	ACE OF INJURY (e. g farm, factory, atreet, office bld	, in or 21c. WHERE (n.,etc.) INJURY OCC		Baltimore Cit	ty, give e	xact location)
Σ	D. TIME		(Day) (Year		21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	E	O NJURY OC			
		alive on.			deceased from and that death occ	19: 238. ADDRESS 333	n., from the c	auses and or	950, the n the do	at I last saw the stated above
24 TIC	A. BURTAL DN. REMOVAL	CREMA-	Cypril	4	Holy Rede	mer Eeus	10012-	Bela	10	d - Med
	ATE RECEI		REGISTRAR	'S SIGNATU	lli Qua Pila	Frank 6	rector lo	2 3 2 3	SADE.	ligh 3t

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GMSEPPE TOSCHES

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Dr. Koors G-625	TO 00	
	EALTH DEPARTMENT 50 29 E OF DEATH Registered No	56
1. NAME OF DECEASED (Type or Print) Joseph STANICY GR	ROSSMAN - Sr.   2. DATE OF OF DEATH	
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY bef	: residence ore admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		JRAL and give
1631 CARSWELL ST.	BAITIMORE 9-0	township
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5. EX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH 9. AGE (In years) If linder   Year	Hours Min.
10A. USUAL OCCUPATION (Give kind of ork does during most of working life, even if retired) IOB. KIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZ	ZEN OF T COUNTRY
TAilor CAMBridge Ailor	BAITIMORE MARYLAND	
JAMES GrossMAN	MARY Neumann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	oreasy Desease 3/9 onay Hundris. 10	VAL BETWEEN F AND DEATH TO STATE STATE TO STATE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PATION	AUTOPSY?
A Jake of OPERATION 198. MAJOR PINDINGS OF OPER	YES	No [
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		location)
ZIOTIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR MULE AT WORK WORK		
deceased alive on 29, 1950, and that death occu		last saw the
		TE SIGNED
TION REMOVAL (Specify)	BAITI MORE MA	(State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAR 3 0 1950	25. FUNERAL DIRECTOR ADDRESS LOS Narford	
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Dr.	Messina			
1403	S. Charles	EALTH DEPARTMENT	50	2967
BIRT	2220 DU 290/ CERTIFICAT	E OF DEATH	Registered No.	
	ME OF DECEASED OF Print)		OF DEATH	3/50
	ACE OF DEATH: ltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission
B. FU HOSF	LL NAME OF (If not in hospital or institution, give street address o		outside corporate limits, v	
INST	3133 Morthway drine	1 4/A - M+	10ie 27-0	township
	Yrs. Mos.	3133 North		
\$ SE	ngth of stay in Baltimore Days  Compared to the stay of the stay o	8. DATE OF BIRTH		er I Year   If Under 24 Hours
Hen	ale White widowed.	June 4-1876	last birthday) Month	
ork don	JSUAL OCCUPATION (Give kind of eduring most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	oreign country) 12	. CITIZEN OF WHAT COUNTRY
13. <i>F</i> /	THER'S NAME	14. MOTHER'S MAIDEN NA	AME	
15. W	AS DECENSED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Leza		
(Yes, no	or unknown (If yes, give war or dates of service) SECURITY NO.	m. Alia m	Petek -3133	Northern.
18	420.0 CAUSE	OF DEATH	and the	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ivoelerotie Hea	1 Dung age.	10 400
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		4 = 6	1
	ANTECEDENT CAUSES	betro mel	liles	orgo
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	conary The	D-nin	
RTIFICATION	UNDERLYING CONDITION LAST.	conway This	mercur	
TIE	II .			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT.			
10	A. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
	1A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g.,		f in Baltimore City, give	exact location)
∑	YING OR CONTRIBUTING about home, farm, factory, street, office bldg.			
2.1	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE NJURY WHILE AT NOT WHILE		OCCUR?	
22	2. I hereby certify that, I attended the deceased from	11 1940 10	3/28 1900	hat I last saw the
$d\epsilon$	ceased alive on 3/28, 1950, and that death occ		he causes and on the	
23	Dincent M. messene M.D.	14035. Char	cles St :	3/30/50
Z4A.	BURIAL, CREMA- PEMOVAL (Specify)	ERY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)
DATE	RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	talls me	DDRESS
	201050 To Williams, Milliams	L Luck - 530.	5 Harford	Lane.
	VS 150		0	11

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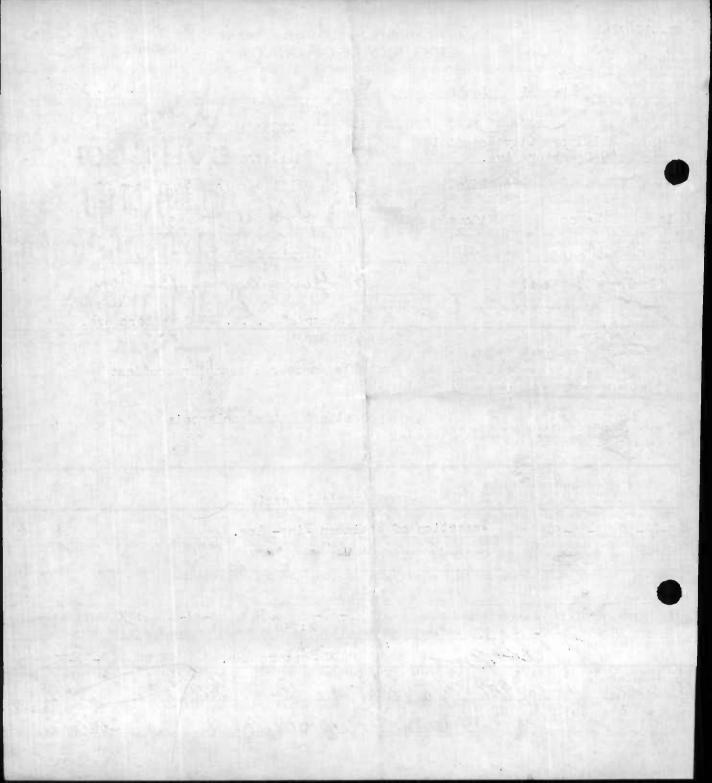
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BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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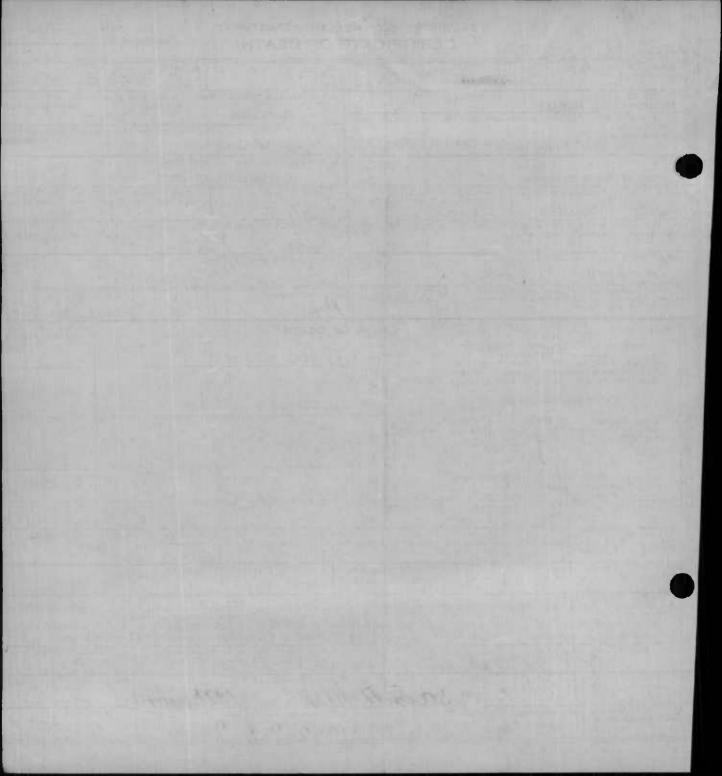
Registered No.\_\_\_\_

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Richard Jones	2. DATE OF Mar. 29, 1950					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or						
HOSPITAL OR Baltimore City Hospitals	c. Cit or lowit (if outside corporate mints, write RORAL and give townshin)					
4940 Eastern Ave.	Baltimore 6000					
ength of stay in Baltimore life Mos. Days	D. STREET ADDRESS (If rural, give location)  1131 Saratoga St. Zone 23					
5. JEX 6. COLOR OR RACE 7. SINGLE MARRIED	B. DATE OF BIRTH 9 AGE (In years) If linder I Year   If linder 24 House					
Male Negro Widowed W a week,	July 4, 1684 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of the street of the stre	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
Jaily SELF	Maryland WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Joseph Jones?	Georgianona Burton.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or unknowo) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS					
(11 yes, give war or dates of service) SECURITY NO.	Records* B.C.H. 4940 Eastern Ave.					
T/2 2 2 1 V						
18. 3 3   X   CAUSE (	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A) Probab	le cerebral vascular accident					
heart failure, asthenia, etc. It means the discase,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
Generalized arteriosclerosis						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CON.						
TRIBUTING TO THE DEATH, BUT NOT RELATED Large inguinal hernia						
19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION   20, AUTOPSY?						
3-24-50 3-28-50 Insertion of Stein  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., c						
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact location						
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
21b. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 3-21- 1950, to 3-29- , 1950, that I last saw the						
deceased alive on 3-29 1950 and that death occur	red at 2:35P m., from the causes and on the date stated above.					
23A. SIGNATURE / ) / 2	38. ADDRESS 23c. DATE SIGNED					
1.1. 1836n M.D. 4	1940 Eastern Ave. 3-30-50					
24A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETA						
TION, REMOVAL (Soecify) 11 2 10-1 (11/7	1 1 Solt Allah					
Junay 14-3-1100 7111 (My)	usa cema l'acco della					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 23 1 N					
LOCAL DECISTRAD	The state of the s					
MAR 30 1300 milioging Miliona (18)	Man Katie Rolling School Well					
MAR 3 0 1330 militigator MiQue Milione	Ma Katie Robelliams Schroen St					
LOCAL REGISTRAR	Mar Katis Robelliams Schroenesse					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. NAME OF DECEASED 2. DATE (Type or Print) LINDA LORRAINE HUGHES OF March 29, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Of not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hospital townshinl Ferndale o. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Hollandsbury Road Days 6 COLOR OR RACE 9. AGE (in years | Minder | Year | Hours | Min. 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) Colored Female troft 10A, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT, COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME 15. WAS DECEASED EVER IN U. S. ARVED FORCES: Yes, no og unknown) (If yes, give war or dates of service) SOCIAL ADDRESS (Yos, no og unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES Interstitial myocarditis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES X 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an -Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \scale=\), suicide \( \scale=\), homicide \( \scale=\), undetermined \( \scale=\). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR CREMA-(State) REMOVAL (Specify DATE RECEIVED BY OCAL REGISTRAR

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2970

Registered No.

	RTH NO.	CERTIFICA	TE OF DEATH	negistereu no.	
1. (Ty	NAME OF DECEASED L/4 (	ELMINA LOE	SCHKE	2. DATE 3/29 OF DEATH	150
A. ]	Baltimore City, Maryland	BALTO	A. STATE MA	Where deceased lived. If ins B. COUNTY	before admission)
HO	SPITAL OR STITUTION /06 MAL	ital or institution, give street address	on) c. CITY OR TOWN	outside corporate limits, v	write RURAL and give
	Length of stay in Baltimore	LIFETIME M	D. STREET ADDRESS (I	f rural, give location).	RA.
	SEX 6. COLOR OR RACE  WHT		8. DATE OF BIRTH	9. AGE (In years     Und	del ) Year H Under 24 Hours his Days Hours Min.
10A work	USUAL OCCUPATION (Give hind done during polytophyching if owen if retired	of 108. KIND OF BUSINESS OF	11. BIRTHPLACE (State or 13 A L T O	foreign country)   12	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME KNO	WW	14. MOTHER'S MAIDEN N		
15. (Yes,	WAS DECEASED EVER IN U. S. ARM no or and own) (If yes, give were du	ED FORCES? 16. SOCIAL SECURITY NO	MR PAULL	OESCHKE B	ODENNIEN
CATION	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAL  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION)	I DIRECTLY ATH of dying, e.g., eans the disease, caused death.)  DUE TO  IF ANY, GIVING STATING THE DUE TO	teisslestic le	Least Dices	onset and death
ERTIFIC	II OTHER SIGNIFICANT CONI	(C)			
CE	TRIBUTING TO THE DEATH, BUT	T NOT RELATED			
7		198. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office h		(If in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year	r) (Hour)   21E. INJURY OCCU	ILE T	RY OCCUR?	
	22. I hereby certify that I as deceased alive on			the causes and on the	
	23a. SIGNATURE	J. Gara M.D.	Ballinge		3/30/50
24. TIO	BURIAL CREMA 244 DITE	50 BRUID R		KES VILLE	
	TE RECEIVED BY REGISTRAE CAL REGISTRAR MAR 3 0 1300	S SIGNATURE	LEQ. LEIMBI	9CHJ-24-NC)	MANTURS I
	VS 150		27,0		005

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25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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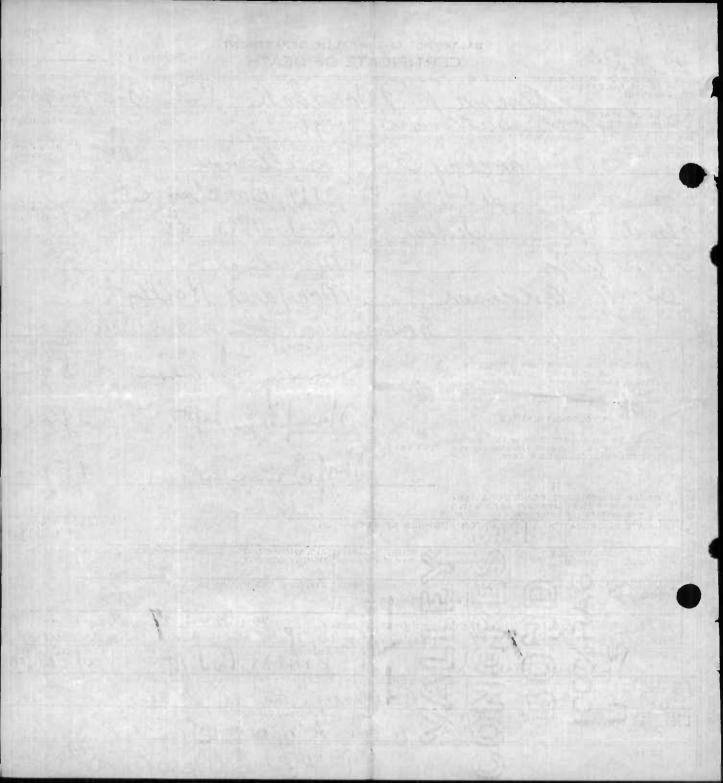
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A Warming and Sea . I . But from the continuous and the

50 2972 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A\_STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) D. STREET ADDRESS Yrs. Mos. UNOI c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months; Days Hours Min. 5. SEX 6. COLOR OR RACE Nedow TOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, eved if retired INDUSTRY House Wif MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. me INTERVAL CAUSE 20, ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK 1940, to man 22. I hereby certify that I attended the deceased from\_ deceased alive on hours 271950 , and that death ocurred at\_ m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS an 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 3-31-50 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR huting for / Winauls

VS 150

1412 & Preston St 940



KILL

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2973

Registered No. 1. NAME OF DECEASED 2. DATE \* (Type or Print) DEATH 3. PLACE OF DEATH: - USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 123 James B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY before admission) HOSPITAL OR location' (If outside corporate Unity, write RURAL and give township) C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) Months: Dnys Hours: Min. OF BIRTH If Under 24 Hours 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? abores STRE GT RLY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO -03-51 INTERVAL BETWEEN OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) .. (C) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DHE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL non 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I aftended the deceased from March 5, 1950, to March 28, 1950, that I last saw the deceased alive on March 14950, and that death occurred at 5 Am., from the causes and on the date stated above. 238. APDRESS 23c. DATE SIGNED 23A. SIGNATURE 244. BURIAL, CREMA-24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, o. 24B Mua FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Indiana of the things with the MAD 3 0 1950 VS 150

Thorne 2 men House hades 622 Laurens J Balto 622 Laurena St 05.2 Laureno St 2-1-1901 49 . S.C. Laborer Wilson Wade mary 212 or 936 Halle Wede 622 Lawre & Intakeryan met the Atelan 1303 menture

620 50 2974 PLEASE WRITE FLAINLY, "IH UNFADING INK. Every tem of informatio mound be characterized age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2974 Registered No.

01	KIN NO.						
	NAME OF D ype or Print)		iana.	Norris		2. DATE OF DEATH	3/30/50
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDEN		d. If institution: residence Y before admission)
В.	FULL NAME		al or institut	ion, give street address or	ma	19a0	Lenser
	STITUTION	University	Hospi	Tal location)	c. CITY OR TOWN	(If outside prporate	limits, write RURAL and give township)
	1			Yrs.	D. STREET ADDRESS	S (If rural, give location	1)
c.	Length of s	tay in Baltimore		Mos. Days	Winas		
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
10	- USUAL CO	CURATION	LOD KING	M.	11. BIRTHPLACE (Sta	79 55	LI2 CITIZEN OF
	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY		tte or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12		voge	14	one	14. MOTHER'S MAID	NEST STANCE	1015141
13	FATHER'S	Ila to	-		14. MOTHER'S MATE		0
1 5	WAS DECEME	ED EVER IN II S	FORCEC	16 500141	Brace	Buce	
(Ye	, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Ralph	Smith 15	#7 Fullon Garo
	10 1/1	316		CAUSE	OF DEATH	2010-0014	INTERVAL BETWEEN
	18. 44	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	Intr	acerebral h	emmahase	
	heart failu	s not mean the mode or are, asthenia, etc. It mes complication which	ns the diseas	se,	A STATE OF THE STA	And the Ke to the hat hat hat the test of the top of th	
	injury or			ii.) DOE 10			
z	41-45-8	ANTECEDENT CAUS	SES	(B) Hype	rlensius ca	rchiovascular	clisease
01		S OR CONDITIONS, I		NG			
NA S		YING CONDITION L					
IFIC	A BERN	11		(C)			
RTI		SIGNIFICANT COND					
CE	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	<b>LD</b>			
L	19A. DATE C	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	214 ACCIDI	ENT SUICIDE	1 218 PI	ACE OF INJURY (e.g.,	in or   21c. WHERE DIE	O (If in Baltimore C	ity, give exact location)
EDICA	HOMICIDE	ENT, SUICIDE. (Specify)	about home,	farm, factory, street, office bldg.			give chave socaworaj
Σ	21D, TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
	OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE			
	22 7 7 1	120 17 17	m. j	WORK AT WORK		10 3/20	1920, that I last saw the
	deceased a	live on 3/30	tended the	and that death occur	rred at 7 A. m. t	from the causes and	on the date stated above.
	23A. SIGNA		, 10		23B. ADDRESS	, , , , , , ,	23c. DATE SIGNED
		red K.	MCken	exat IV. M.D.	Universit	7 /	3/30/50
Z. TI	4A. BURIAL.	CREMA- 24B. DATE Specify)	-	24C. NAME OF CEMETE	ERY OR CREMATORY	240, LOCATION (City,	town, or county) (Staty
1	Juna	1 412/	50	A Shon	nas	Kandalla	LOWA, MA
	ATE RECEIVE OCAL REGIST	RAR	SSIGNATI	URE	25. FUNERAL DIRE	Na 12	x 7 Das t
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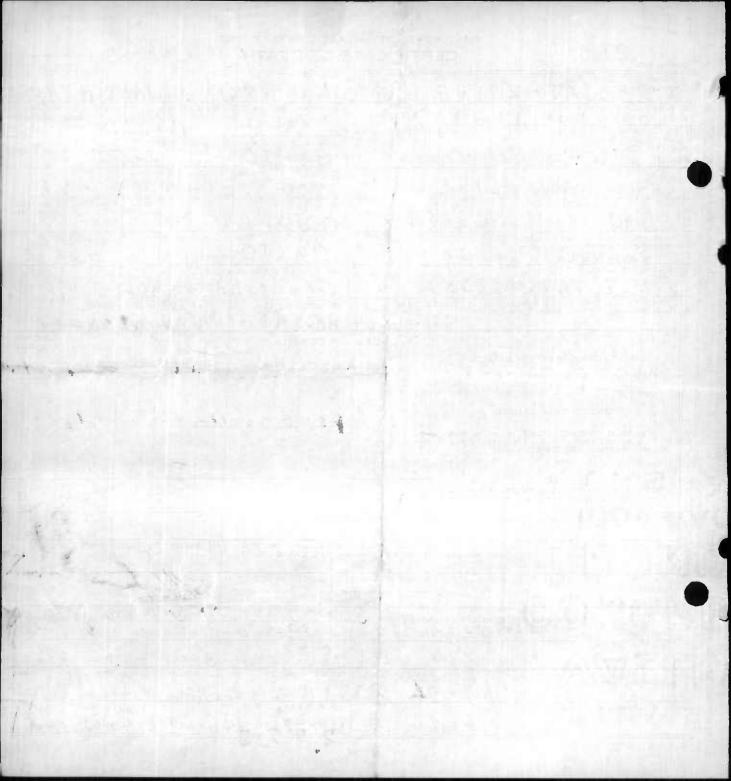
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE before admission) (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give township Yrs. o. STREET ADDRESS (If rural, give location) Mos. 7. SINGLE, MARRIED. If Under 1 Year 9. AGE (In years Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. MARRIED 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY MAIDEN NAME LAWAKROLBC 320800 GUDA 16 SOCIAL SECURITY NO CAUSE OF DEATH ONSET AND OEATH DECLUZION (A) QUE TO INVOCARDITIS RTIFICATION (B) OUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OF 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from JUNG 2, 19 89to MARCH 29, 1950 that I last saw the deceased alive on MARCH 29 1950, and that death occurred at 2.204m. from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED wanin 24A. BURIAL OREMA-TION, REMOVAL (Specify) INC ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

VS 150

PLEASE WRITE



(If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from Feb. deceased alive on 192. 20, 1950, and that death occurre 1950, that I last saw the 1946, to\_ . and that death occurred at 4:30%. m., from the causes and on the date stated above. 29 Man. 50 238. ADDRESS 23A. SIGNATURE 240. LOCATION (City, town loc Edulity) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 248 DATE

25. FUNERAL DIRECTOR

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REGISTRAR'S SIGNATURE

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PLEASE WRITE

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

St. Stanislaus

Yourselbs, Mr.

ADDRESS

Baltimore

M.F. Saowski & Sons, 1808 Eastern Avenue

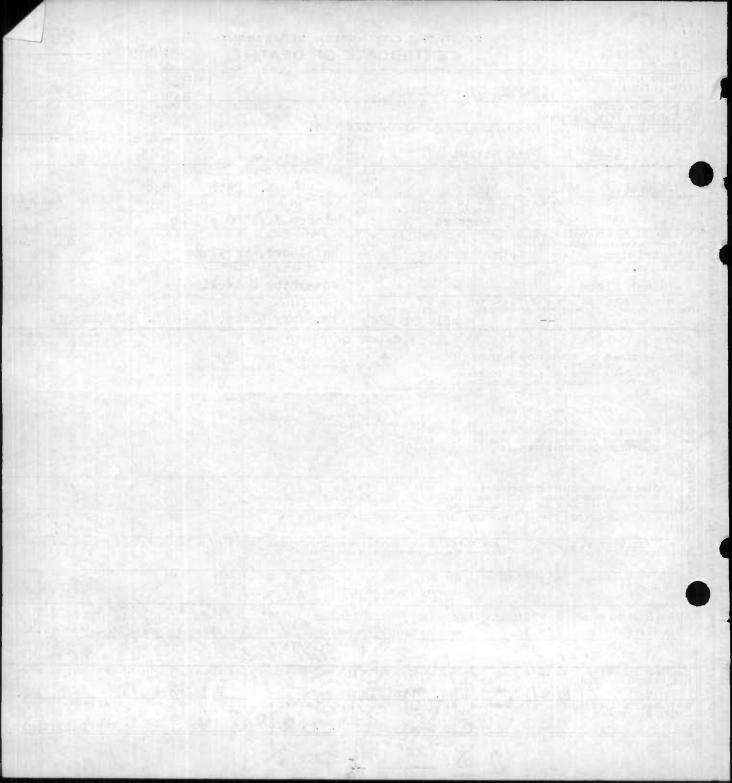
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before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

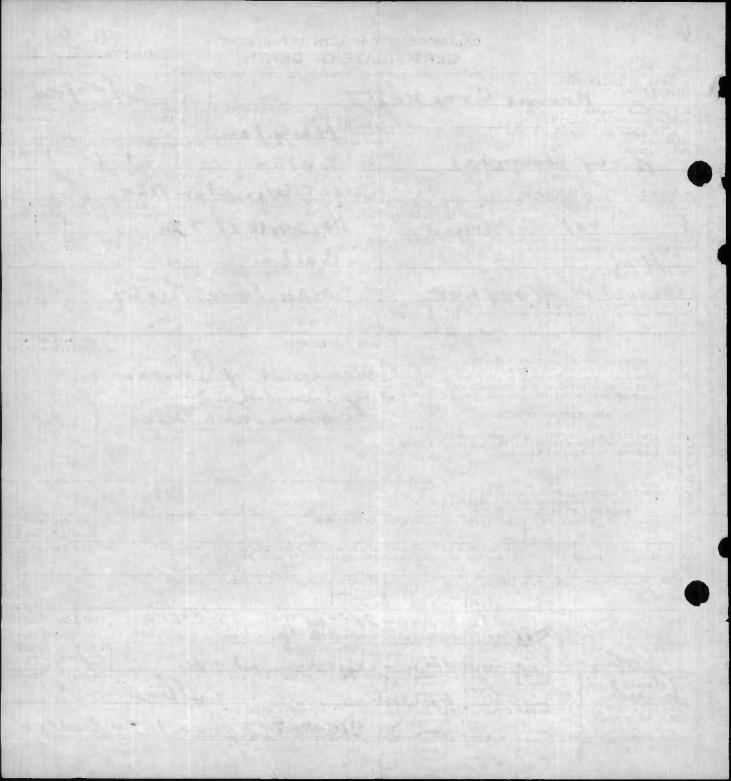
ONSET AND DEATH



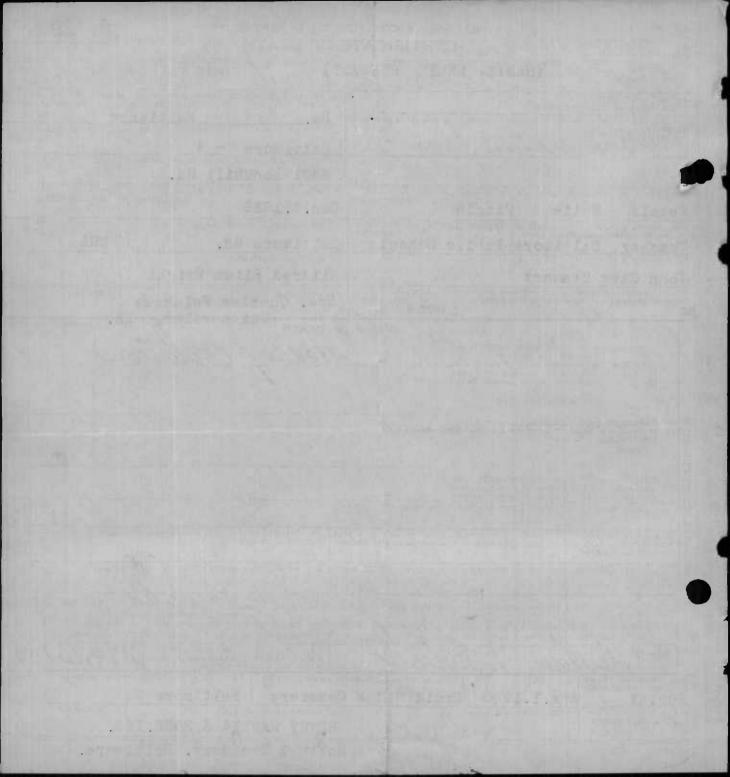
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Norma Crockett OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 605 Winston c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months: Dnys | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 11. ERTHPLACE (State or foreign country) Briten 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME W 199 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 2/25/50 19, to 3/25/50, 19, that I last saw the deceased alive on 3/29/19\_\_\_\_, and that death occurred at \_m., from the causes and on the date stated above. 23c. DATE SIGNED 28A SIGNATURE marelles M.D. 24A BURIAL, CREMA-TION DEMOVAL (Specify) 24C. NAME OR CEMETERY OR CREMATORY 24D. LOCATION (fity, town, or county) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAD 2010EC MARIA

PLEASE WRITE

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6	2978	CERTIFICATE		Registered	0 2978
1. (T:	NAME OF DECEASED (SADIT	BELLE STEWA	Dewort	2. DATE OF DEATH	128/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (		institution: residence before admission)
B		titution, give street address or location)	c. CITY OR TOWN ()	Baltimor If outside corporate limi	ts, write RURAL and give
IN	Willon Memoral.	Hogalas Don	Baltimore -	- 4	township)
7	Longth of stay in Poltimova	Yrs. Mos.	o. STREET ADDRESS (I		
	38/11	Days IGLE, MARRIED, DOWED, DIVORCED (Specify)	B. DATE OF BIRTH	19 AGE (In years)	If Under 1 Year   H Under 24 Hours onths Days   Hours   Min.
	emale   White   Ping	le	Dec.3.1889	50	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or		WHAT COUNTRY?
	eacher, Baltimore Pub	lic Schools	Baltimore Md.		USA
J	ohn Chew Stewart		Mildred Eliza	a Wright	
15	WAS DECEASED EVER IN U.S. ARMED FORCE one or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Charles	Feldhaus	DDRESS
	18. 420.1	CAUSE	DEATH	ersburg, Me	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of the c	, e. g., (A) isease,	OVONARY (	reliser	
FICATION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	SIVING			
ERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE OISEASE OR CONDITION CAUSI	LATED			
Ū,		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL		PLACE OF INJURY (e. g., income, farm, factory, street, office bldg.,		(If in Baltimore City,	
ME	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI	21F. HOW DID INJUR	RY OCCUR?	
1	22. I certify that I took charge of the evidence obtained by said A	Autopsu Paspection or 1	nquiry, find that said	Vispection or Inquiry deccased died on t	thereon and from
	and death in my prinion result	Malanh	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER 2	3c DATE/SIGNED
24	4A. BURIAL, CREMA: 24B. DATE ON, REMOVAL (Specify)	124C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	, or county) (State)
B	Surial Apr.1.1950		Cemetery   Ba. 25. FUNERAL DIRECTOR	ltimore Md	ADDRESS
LC	DCAL DECICEDAD	To Garys, 11	HENRY SANDER	& SONS.INC	. V
VS	151	V3491	North & Broad	way. Baltin	ore. qua



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ADDRESS

before admission)

12. CITIZEN DF

WSAT COUNTRY

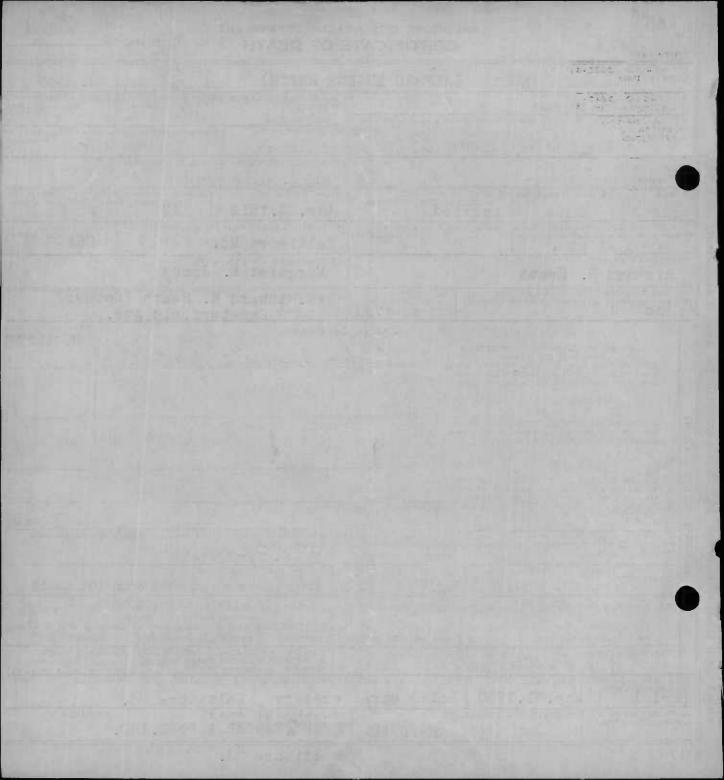
INTERVAL BETWEEN

DNSET AND DEATH

20. AUTOPSY?

YES

NO X



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2980

В	RTH NO.			CERTIFICAT	E OF DEAT	H Registered	No
1.	NAME OF D	ECEASED				2. DATE	
	ype or Print)	LENA	ELIZI	ABETH COLLI	ER	DEAT Mar.	37.1950
	Baltimore (	EATH: City, Maryland			4. USUAL RESIDI	ENCE (Where deceased lived, I B. COUNTY	f institution: residence before admission)
В.	FULL NAME	***	al or institut	ion, give street address of			
	SPITAL OR	3111 011	ftmont	location)	C. CITT OR TOWN		its, write RURAL and give township)
A	9	2111 011	I dmon		Baltimor		UI
	I amouth of a	ton in Doltinon	1.4	ife Yrs. Mos.		ESS (If rural, give location)	
	SEX	tay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH	ftmont Ave.	If Under 1 Year   If Under 24 Hours
Fe	male	White	Mari	ried (Specify	July 19.1	.904 45 last hirthday)	Ionths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
F	lous ewi:	fe			Baltimore		USA COUNTRY?
13	FATHER'S				14. MOTHER'S MA		
		Panuska			Kunigunda		
(Ye	no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	security no.	Charles A.	Collier (Husb	nontsAve.
	18. 42	r. 2.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		21	. 11	1.1.	
	(This does	LEADING TO DEAT not mean the mode of are, asthonia, ctc. It mea	f dying, e. s	B., (A) Chris	mic Pty	ocarditi's	5-10-49
		complication which c		i.) DUE TO			
		ANTECEDENT CAUS	ES	Pho	una atai d	Arthritis	1940
TION	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B) 1776	maiosa	AVINFILIS	1740
Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
ICA				(C)	••••••		
ERTIFIC		11					
ER	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	ED			
U		OF OPERATION 0 1		FINDINGS OF OPE	PATION	M-2	   20. AUTOPSY?
AL	ISA. DATE	or Creation of	SB. MAJOR	FINDINGS OF OPE	KATION		YES NO
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g.,			
MEC	LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCU	R7	
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 6-	-/- 194	4 to 3-27- , 19:	50 that I last saw the
	deceased a	live on 3-27-	, 1950	and that death occu		, from the causes and on	
	23A. SLGNA	TURE TO	P			laur Rel	23C. DATE SIGNED
-	A. BURIAL.		rang	M. D.		24D. LOCATION (City, tow	3-28-50
TIC	ON, REMOVAL (S	Specify	- "				n, or county) (State)
	rial	Mar.31.		Mt.Olivet	Cemetery	Baltimore	ADDRESS
	DCAL REGIST	RAR		Whiteus M.	Charles to the second	DER & SONS. INC.	
	WAK 3 L	1350	F	0 0 1 0	O O O	TELL OF COND. INC.	
	VS 150				Baltimor	Md.	930

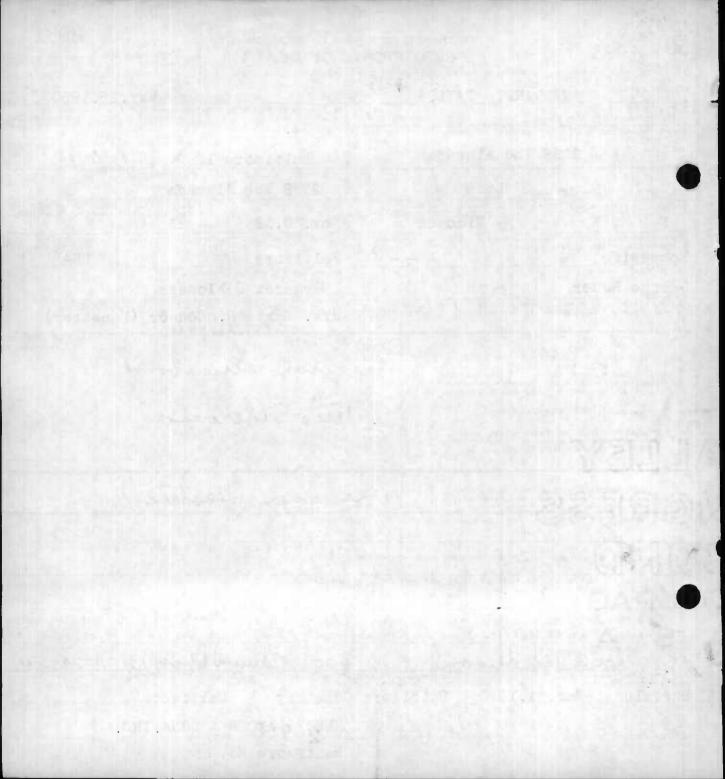
the contract of the second of Harris and the state of the sta Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2981 Registered No.

- 51	KIH NO.						
1. (T	NAME OF Dype or Print)	MARGAR!	ET TA	YLOR		2. DATE OF DEATH MAT . 2	88.1950
Α.		City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived, If i	nstitution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		/70 3	TATTO A T
	STITUTION	2738 Th	e Alam		Baltimo		township)
				Yrs.	D. STREET ADDRES	SS (If rural, give location)	
G.	Length of	stay in Baltimore	Life	Mos. Days	2738 The	Alameda	
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under I Year If Under 24 Hours nths Days Hours Min.
	F	W		OWED (Specify)	Nov.30.186	6 83	
10	A. USUAL OG	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ousewi				Baltimore	1.12 3 12 - 11 - 23	USA
	FATHER'S				14. MOTHER'S MAIL	DEN NAME	
	eorge 1				Margaret	Schlosser	
(Ye	s, no or unknown	SED EVER IN U. S. ARMED (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Marie	H. Conner (Da	ughter)
	18. 3 3	2X.	J. Const	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION	DIRECTLY	0	1 . 0	0	ONSE! AND DEATH
		LEADING TO DEAT	ГН	. Cer	ebral t	turnerous	2 12 15 H All 10
	heart fail	ure, asthenia, etc. It mea	ns the diseas	se,			
	injury or	complication which c	aused death	a.) DUE TO	0 - /	7	
	The best	ANTECEDENT CAUS	ES	(12)	1115-SC	enemen	
Z	DISEASE	S OR CONDITIONS, I	F ANY CIVIN	(B)	wace	~~~	
ATION	RISE TO	THE ABOVE CAUSE (A)	STATING TH				
A	UNDERL	YING CONDITION LA	ST.	(C)			
E						-	
CERTIFIC	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED UU	Moraer	(Hostrie)	
0				FINDINGS OF OPER	ATION	7	20. AUTOPSY?
CAL							YES NO
	21A. ACCII	DENT WAS UNDER-		ACE OF INJURY (e. g., i			rive exact location)
MEDI		R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR	17	
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		m.	WHILE AT NOT WHILE		2	()
	22 7 1 200	har anneller 42 me 7 met	-		8114 . 19	to March 28, 195	, that I last saw the
	ZZ. I nere	by certify that I att	Ying O	and that death occur		from the causes and on th	
	23A. SIGNA	tive on I wante	1920.		23B. ADDRESS	from the causes and on the	23c. DATE SIGNED
-	CACTE OV	010 00000	10111	_ (	300 8600	(m) Olip(13)	3-29-50
2	4A. BURIAL.	CREMA- 24B. DATE	The same	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
TI	ON, REMOVAL	Specify					
-	urial	Mar.31.			Cemetery	Baltimore	ADDRESS
	ATE RECEIVE		The second second	JRE	25. FUNERAL DIRE		AUDRESS
		1350		musius Mess	HENRY CAME	ER & SONS. INC.	
	VS 150		7		Baltimore	Md.	46B
							1010



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

50 2982

U	4004				CERTIFIC	ATE	OF DEATH	-	Registere	d No.		
	RTH NO.											
	NAME OF D ype or Print)	Min	EMM	A MAT	RIE FREDI	ERH	Exeduile	2	OF DEATH 3	-29	7 -	50
	PLACE OF D		, ,	0 07			4. USUAL RESIDE	NCE (Wher		. If instit		
	Baltimore (			Sall	mano		A. STATE		B. COUNTY	01	-	re admission)
	SPITAL OR	OF (II no	t in bospita	l or institut	ion, give street addr	ess or	c, CITY OR TOWN	(If out	side corporate li	mita wi	to DITE	A L and give
IN	STITUTION	, -					C. CITT OR TOWN	(11 000)	No. 4	The state of the s	te RUI	township)
Ш	The U	no	men	soial	Hospital		Balle	more	24		0	
	7					Yrs.	D. STREET ADDRE	SS (If rura	l, give location)			
J.	Length of s	tay in Balt	imore	1:+		Mos.    Days	229	50,0	Ellen	rood	1 0	tue
5.	SEX	6. COLOR	RACE		MARRIED.	T	8. DATE OF BIRTH	9.	AGE (In years	Il Under 1		It Under 24 Hours
	FE	103			ED, DIVORCED (S	pecify)	Sen L 2 10	66	last birthday)	Months	Days	Hours Min.
10	A. USUAL OC	CUDATION	(0) 11 1-6	sing	of Business C	-	11 BIRTHPLACE (S	95	3 4	1 12	CITIZE	N OF
	done during most						hools //Ba					COUNTRY
	art in	struck	ton	Balt	imore Pub.	. 50	10048 (LDA	Trimor	e MO	12	5 A	7
13	FATHER'S	NAME					14. MOTHER'S MA	IDEN NAME				
	R	1	- la	f.	0		_	200	- 2		0	
15	. WAS DECEASE	D EVED IN II	CAPHED	FORCES	Lie social		Emma	man	e /	Cer	all	~
(Yes	no or nuknown)	(If yes, give	war or dates	of service)	none	NO.	Mrs Georg	e Stur	mfels ew Road	SIS	er)	
		· · ·			6411	105.6	1300 0	OUGIIVI	. CW Itoac		NTERV	AL BETWEEN
	18. ) 93	5 X	1		CAU	SE C	OF DEATH					AND DEATH
	DISEAS	SE OR CON				0	. 1		101	1		
		LEADING not mean t	he mode of	f dying, e.		120	an dur	var (	His	ma	Ogen	. 1 mo.
	heart failt	re, asthenia, complication	etc. It mean	ns the diseas	se,						//	
	111,341,7	Comprication	Willes C	nasca acut	,							
_		ANTECEDE	NT CAUS	ES								
NOL	DISEASE	S OR COND	ITIONS		(B)							***************************************
ř	RISE TO T	THE ABOVE C	AUSE (A)	STATING T								
X	UNDERL	YING COND	ITION LA	ST.								
FICA												
F			11						•••••	-	************	
ERTI		GIGNIFICAN G TO THE OE				0		11	0	)		
Ö		DISEASE OR C				ner	monia	( ar	mural			
	19A. DATE C	F OPERATI	ON / 19	B. MAJOR	FINDINGS OF	OPERA	ATION				20. A	UTOPSY1
4	3 -	21-50	0	ad	vorced	Sta	ne as gl	ioma	in bras	~	YES	NO L
EDICA	21A. ACCIDE		E.	218. PL/	ACE OF INJURY	(e. g., in	1 21c. VHERE D	ID (If ir	Baltimore Cit	y, give	exact lo	ocation)
	HOMICIDE	(Specify)		about home,	farm, factory, street, office	e bldg.,et	injury occu	R? .				
Σ	Ole TIME	(MAL) (D-	437	(XX) l	OLE INCHES OCC	CURRE	D 315 HOW DID	IN HIRV O	CCUP?			
	210. TIME OF INJURY	(Month) (Da	iy) (rear)		21E. INJURY OCC		D 21F. HOW DID	INJURY O	CCURI			
				m.		WHILE						
	22 7 1		7 7				1 / 9 , 195	2 40 200 00	2 5 10	14026	at 7 7a	ot again the
			27	, 1930,	and that death		red at 6:47 Pm.,	from the	causes and or			
	23A. SIGNA	TURE	./		0.1-	2:	3B. ADDRESS	- 111		23	C. DA	TE SIGNED
	In	aueis	Hay	sell ?	Wall M.	0. 11	men Memo	real Ne	20.0.	M	Mo	17/938
24	A. BURIAL, ON, REMOVAL (S	CREMA- 24E	B. DATE		24c. NAME OF CE	METER	RY OR CREMATORY	240. LOC/	AT ON (City, to	wn, or co	unty)	(State)
	Burial		r.1.1	950	Parkwood	Ce	m	Baltin	MOTE			
	ATE RECEIVE			S SIGNATI		. 00	25. FUNERAL DIR		1.016	ADI	DRESS	
	CAL REGIST	RAR	JINAN S	Luna 1					ONG THE			
	MAKSU	1350 ~	MANEJ.	or /11/	MUSIC, AL.		HENRY SAND	THE CO. I	OND. INC	,		
	VS 150		- 0	7	0		6-144	C MA				
	13 130			SUL LI	1/349	//	Baltimor	e ma.			54	a
					V - 1	1					7	

OUT THE A RECEIPT AND THE . He dense the real

	50 2983 BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT 50 E OF DEATH Registered No	2983
(2	NAME OF DECEASED (Ype or Print) Mary Carroll (MARY	P. CARROLL) 2. DATE. OF 3- 28	
B. H	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Baltimore City Hospitals location)  4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limits, writed and the second seco	before admission
venteerde	Length of stay in Baltimore  Life Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	o. STREET ADDRESS (If rural, give location)  610 S. Robinson ST.  B. DATE OF BIRTH [9. AGE (In years)	1 Year   If Under 24 Hours
	Female White Mrried  A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	May 6- 1868   last birthday) Months	Days Hours Min.
WOI	Housewife  B. FATHER'S NAME	MD.  14. MOTHER'S MAIDEN NAME	WHAT COUNTRY
15 (Ye	( ) Ned Robinson  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  6. DO OF UNKNOWD) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	( D ) Anna ?	
	18. 420.0 CAUSE DISEASE OR CONDITION DIRECTLY	Records B.C.H. 4940 Eastern Av OF DEATH ral Cardio- Vascular Accident	C. INTERVAL BETWEEN ONSET AND DEATH
CATION	ANTECEDENT CAUSES  (B) General Conditions, if any, giving rise to the above cause (a) stating the due to underlying condition last.  (C)	alized Severe Arteriosclerotic Rocketto CERTIFICATION APP	ROVED BY
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	ochanteric Fracture Off Berg #1000	M. D.
MEDICAL (	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  3-28-1950  Pip Fracture  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., cause of Death	- Ins. Blount Plate	20. AUTOPSY? YES NO X exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	A a mitter a

NOT WHILE March 25- 1950

Just slumped to the floor Admit Fell At Home 4 Hours Before Being

22. I hereby certify that I attended the deceased from 3-25-1950 to 3- 28-, 1950, that I last saw the deceased alive on 3-7 28- 1950, and that death occurred at . 44PMm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

> B.C.H. 4940 Eastern 24C, NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Physicians: please write the causes of death Clearly and legibly.

age is especially important.

correct

REGISTRAR'S SIGNATURE

Apr.1.1950

24B. DATE

25. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. ADDRESS

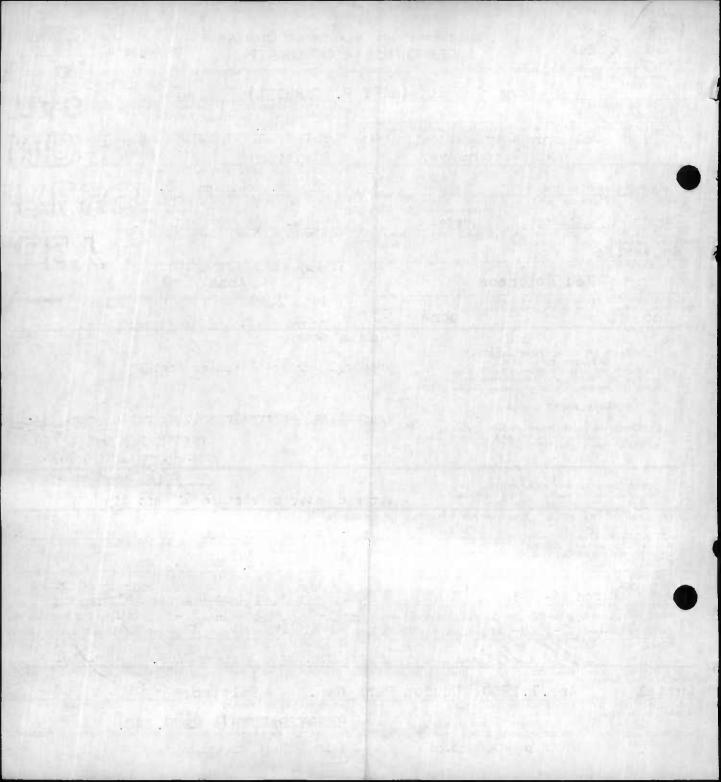
3- 29- 1950

VS 150

To Be Approved by The Chief Residal Age siner.

Loudon Park Cem.

93)



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

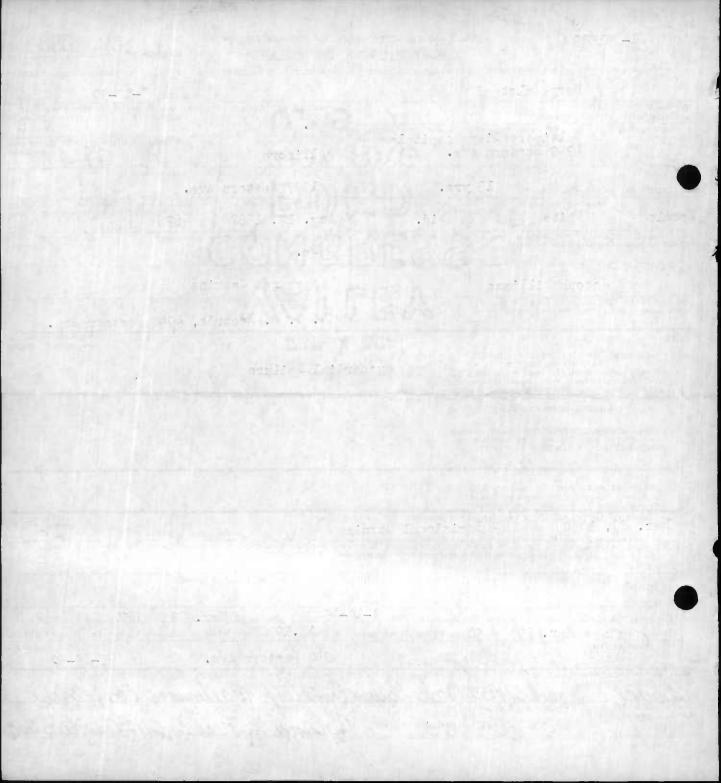
Registered No. 2984

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Mary Hals	tead		2. DATE OF 3_20	50		
3. PLACE OF DEATH: A. Baltimore City, Maryland	or institution, give street address or City Hospitals location)	DEATH 3-29-50  4. USUAL RESIDENCE (Where deceased lived, If institution: residence admission before admissio				
HOSPITAL OR INSTITUTION 4940 Easte	ern Ave.	Baltimore (If	outside corporate limit	ts, write RURAL and give township)		
Length of stay in Baltimore	13 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If 1927 Eastern				
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Aug. 17, 1882		onths: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
Joseph Willia		Margaret Jenk				
15. WAS DECEASED EVER IN U. S. ARMED I (Yes, no nr uoknowo) (If yes, give war or dates n	FORCES?  of service)  16. SOCIAL  SECURITY NO.	B. C. H. Recor		tern Ave.		
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF ARISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-					
19A. DATE OF OPERATION   19E	B. MAJOR FINDINGS OF OPER Incisional Hernig			20. AUTOPSY?		
Mar. 28, 1950  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ic about home, farm, fectory, street, office bldg., e		f in Baltimore City,	give exact location)		
OF INJURY  22. I hereby certify that I atten	m. WHILE AT NOT WHILE AT WORK AT WORK 1-10	)=45 , 19 , to Mg	ar. 29 , 1950	), that I last saw the		
deceased alive on Mars 29,	19.50. and that death occur	red at 12.10 AM from the Appress 4940 Eastern Ave	te causes and on t	he date stated above.  23c. DATE SIGNED  3-29-50		
24A. BURIAL, CREMA- TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S  LOCAL REGISTRAR'S	1950 Oak Koww SIGNATURE		OCATION (City, town, other Constitutions Constitutions Constitutions)	1		

VS 150

correct age is especially important. Physicians: please write the causes of death cearly and legibly.

1220



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION legibly. Yrs. D. STREET ADDRESS\_ (If rural, give location) Mos. 03 c. Length of stay in Baltimore Dava 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY usewate 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME untrown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detea of acryice) of 16. SOCIAL 17.JNFORMANT SECURITY NO. causes CAUSE OF DEATH TaxX DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{\upsilon}$ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. CA 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER EDI about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJU CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK especia 22. I hereby certify that I attended the deceased from Leng. 23 1950 deceased alive on Mgr. 14 and that death occurred at 6 23A. SIGNATURE 23B, ADDR S

240. NAME OF CEMETERY OR CRI

25. FUNI

RY OCCUR?	
HOW DID INJURY OCCUR?	
, 1949 to Mar. 14, 195	that I last saw the
pop.m., from the causes and on th	e date stated above.
Plmma al.	3/88/50
MATORY 24D. LOCATION (City, town,	or county) (State)
Cen a a Courie	ty md.
RAL DIRECTOR	ADERESS,
Control a Ellest	o Dyl
1179n Ca.	0641318

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

DNSET AND DEATH

20. AUTOPSY?

NO

YES

II Under | Year

ADDRESS

12. CITIZEN OF

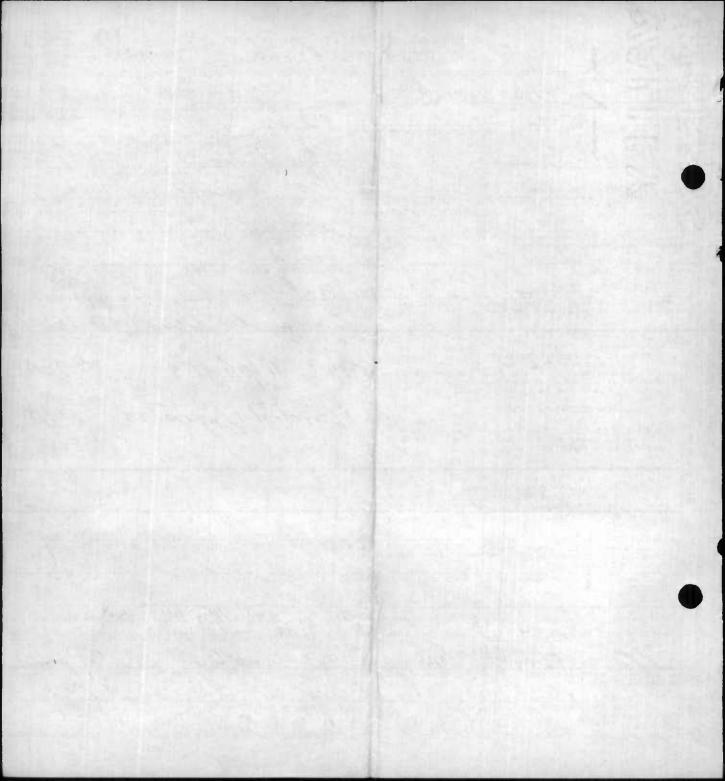
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Dunal DATE RECEIVED BY

LOCAL-REGISTRAR

24B, DATE

REGISTRAR'S SIGNATURE



correct age is especially important. Physicians: please write the causes of death crearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2986

Registered No.

B	50 No.29	86		CERTIFICAT	E OF DEATH	Register	ed No.
1.	NAME OF D ype or Print)		FANNI	E BODIEN BYERS	3	2. DATE OF DEATH	ar. 30, 1950
	PLACE OF D Baltimore (	EATH: City, Maryland			A. STATE		d. If institution: residence Y before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Md.		
1	STITUTION	3432 Piedmont	Ave.	iocation?	c. CITY OR TOWN Baltimore	(If outside corporate	limits, write RURAL and give
				Yrs.	D. STREET ADDRESS	(If rural, give location	1)
C.	Length of s	tay in Baltimore		Mos. Days	3432 Piedmoni	t Ave	
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months: Days Hours Min.
	emale	white	wid		Oct. 5, 1859	90	
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewi		at	home	Washington.	D. C.	Wilkin Cooking
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
-	Henry A	. Bodien			Eliza Hogg		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	no or Ghillown)	(If yes, give war or date	a of service)	SECURITY NO.	Miss Fannie	R. Buere ?	3432 Piedmont Ave
	18. L/50	), 0			OF DEATH	D. Dyols E	INTERVAL BETWEEN
	/	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	Correla	so dais		1 1000
	heart failt	ire, asthenia, etc. It mea	ans the diseas	se,	acdareonf		
	injury or	complication which	caused death	.) DUE TO			
	August 1	ANTECEDENT CAUS	SES	eg.	arteris sch	0	1045
Z	DISEASE	S OR CONDITIONS,	E ANY GIVE	of use	arrens sci	e cons	14 77 3
Ĕ	RISE TO	THE ABOVE CAUSE (A)	STATING TI				
RTIFICATION	UNDERL	YING CONDITION LA	AST.				
Ī		11		(C)			
RT	OTHER S	SIGNIFICANT COND	ITIONS CO	N -			
CE	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED .			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL							YES NO
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Ci	ity, give exact location)
Σ	04- 7145	(Manth) (Dan) (Van)	(House)	ALE IN HURY OCCURR	ED 21F. HOW DID 1NJ	UDY OCCUP?	
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		DRY OCCUR?	
	22 7 5 22 -1	ar andifor that T		deceased from Jess	11 1040.	my ml en	1950that I last saw the
	decembed a	line on the state of the	cnaea inc	aeceasea jrom	, 197, 102	male among and	on the date stated above.
	23A. SIGNA		, 19,		38. ADDRESS		23c. DATE SIGNED
- 11	QV.	I Steep		1	EB. 1.00.	1X	3/30/52
2	4A. BURIAL.	CREMA- 24B. DATE	41	M. D.   24c. NAME OF CEMETE	RY OR CREMATORY   241	D. LOCATION (City, t	
TI	ON, REMOVAL (S	pecify) 4/1/50					, , , , , , ,
-		/ /		Loudon Pa		Balto. Md.	ADDRESS
	ATE RECEIVE OCAL REGIST	DAD	acceptant 20		25. FUNERAL DIRECTO		ADDRESS
_	MARS	J 1950	ing my	12 Thrown Wall Com	O WIG JO TICK	NER & SONS	Balto., Md.
	VS 150		62			STALL TELL	950
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1	3-4-00				
	EO OOST BA	LTIMORE CITY HE	ALTH DEPARTMENT	Registered No	2987
BIRTH	JU 6307	CERTIFICATE	E OF DEATH	Registered No	0,000
	ME OF DECEASED	/ 1/		12. DATE MA	D 00 40-
(Type	or Print) Agnes	Dailey		2. DATE MA OF DEATH	70 1000
A. Ba	timore City, Maryland	1	4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	before admission)
	L NAME OF (If not in hospital or institu	location)	C, CITY OR JOWN (If	outside corporate limits.	write RURAL and give
INSTI	TUTION JOHNS HOPKINS HOSPITA		halte	12 24 0 17	township)
	1001111	Yrs.	D. STREET ADDRESS (If	rural, give location)	
U,		Mos.	123/ 0	- a . A . A	1.2
5. SEX	ngth of stay in Baltimore  16.COLOR OR RACE   7. SINGL	Days Days L.E. MARRIED.	8. DATE OF BIRTH	9 AGE In years III	Inder I Year If Under 24 Hours
Thy		WED DIVORCED (Specify)	3.4-71	(last birthday) Mon	ths Days Hours Min.
	SUAL OCCUPATION (Give kind of 10B. KIN eduring most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	mestic	INDUSTRY	Maryland		U. S. A
	THER'S NAME		14. MOTHER'S MAIDEN NA	AME	Mark The Control of t
	Phillip Monney		Unknown		Victor and
15. W	AS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT, HALLELY	AD	DRESS
(Xes, no	or unknown) (If yes, give war or dates of service)	SECURITY NO.	SATUR THE WALL	e a little was	-31 17
18	. 4131	CAUSE	OF DEATH	The Mary	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0		0	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.		nonpry cut	olus	0
	heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ase,	4		
	ANTECEDENT CAUSES	Philo	both roubosis	Lest Lea	I day.
0	DISEASES OR CONDITIONS, IF ANY, GIV				
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO		V	V
5		Contract	ALONIA OF		
E	П			Λ	50
CER	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED CARCLE	oma of Sta	uach	Gruontles
1.9	A. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	MOITA		YES NO
		ACE OF INJURY (e.g., i		If in Baltimore City, g	ive exact location)
H H	OMICIDE (Specify) about home	e, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
OF	FINJURY	WHILE AT NOT WHILE			

m. WORK

22. I hereby certify that I attended the deceased from 37 deceased alive on 3.28 1950, and that death occurred at 710

1900, that I last saw the 1. m., from the causes and on the date stated above.

238. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 3-31-50

Mt. Auburn Cem.

24D. LOCATION (City, town, or county) Baltimore, Md.

Buristo DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS lu 778 W. Biddle St

(State)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2 DATE (Type or Print) John Thomas Powell March 29,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 890 Linden Ave. Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) 890 Linden c. Length of stay in Baltimore Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) | Months: Days | Hours: Min. May 6,1891 Male Colored Divorced 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Steward U. S. A Maryland Navv- Ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Powell Sarah Iler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Yes Navv 1&11 3-28-4694 Mrs Bernice Hawkins 890 Linden Av. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarahail Ianlune ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from Left. 28, 1949 to March 29, 1950, that I last saw the deceased alive on 31 19 1. and that death occurred at 5:10 Am., from the causes and on the date stated above. 234. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY | 24d. LOCATION (City, town, or county) April 1,1950 Quarter Bottom Baltimore Co., Md. Burial

25. FUNERAL DIRECTOR

Wishes Mrs. Crances A. Hemsleyers W. Riddle St.

ADDRESS

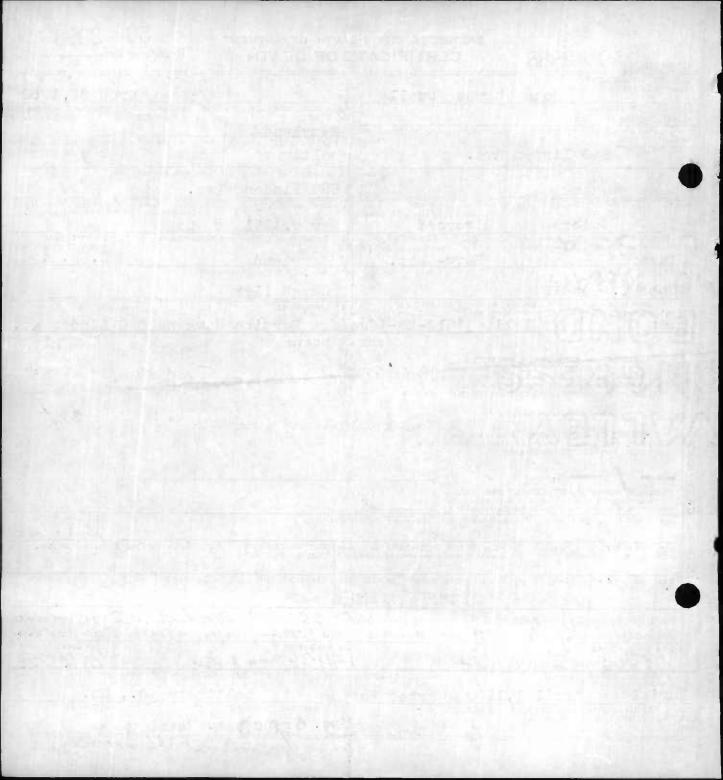
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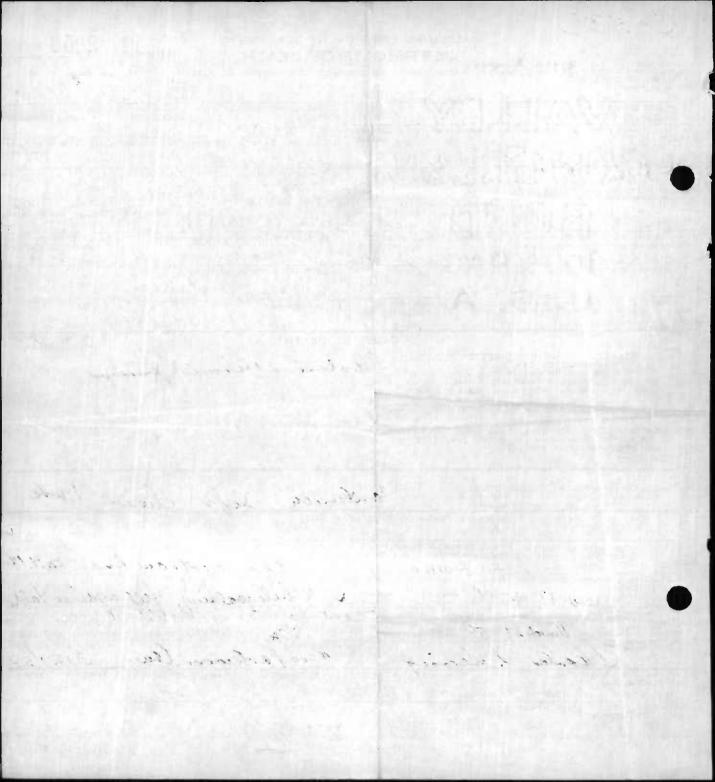
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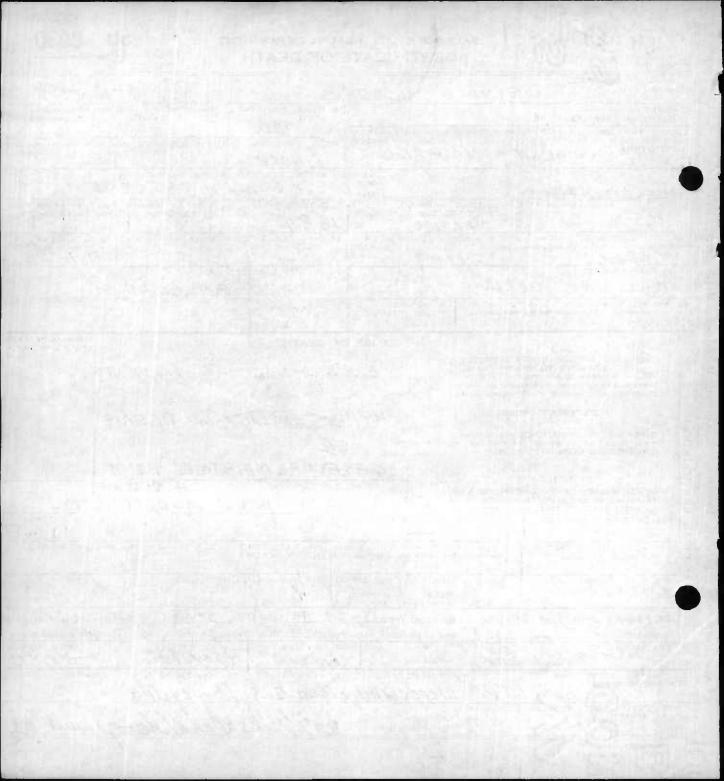


BALTIMORE CITY HEALTH CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years if Under 1 Year BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) allowe a 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? earhenter newyd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, oo or unknowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, oo or unknowo) SECURITY NO one 450.0 CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONū TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Ln tome 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY F INJURY NOT WHILE WHILE AT WORK L 22. I hereby certify that I attended the deceased from Thereh 20 1950 to Thirds 2819 50, that I last saw the deceased alive on March 27, 1950, and that death occurred at 830 m., from the causes and on the date stated above. 23A. SIGNATURA 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 12 und DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



.,,0		EALTH DEPARTMENT E OF DEATH	50 Registered No	2990
1. NAME OF DECEASED (Type or Print) BERNARD	Dixon	V <sub>I</sub>	2. DATE OF BEATH	30-50
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION UNIVERSITY HOS	, give street address or location)			George admission)
c. Length of stay in Baltimore	Yrs.—Mos. 2 Days	D. STREET ADDRESS (If r		7
maki	D, DIVORCED (Specify)	1887	63	hs Days Hours Min.
work done doring most of working life, even if retired)  CAR MAN  STATE	F BUSINESS OR INDUSTRY	mo.		WHAT COUNTRY
WILLIAM DIXON		MARY BA	ME 9KEMAN	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT SELF	ADI	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) CERU	OF DEATH EBRO-VASCULAN GRTENSIVE () OR		DNSET AND DEATH
UNDERLYING CONDITION LAST.  ULL  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.		CEBRAL METASTA CTUM —INTESTA	CA RECTUM	
19A. DATE OF OPERATION   19B. MAJOR F	INDINGS OF OPER			20. AUTOPSY?
HOMICIDE (Specify) about home, farm	E OF INJURY (e. g., i. a,factory,atreet,office bldg.,		in Baltimore City, giv	e exact location)
OF INJURY WHI	E. INJURY OCCURR  LE AT NOT WHILE ORK AT WORK		OCCUR?	
22. I hereby certify that I attended the de deceased alive on 3 30, 19,50 and 23A. SIGNATURE	d that death occur	19, 1950, to 3 rred at 3 40 P.m., from th	e causes and on the	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Poril 1,1950 11	C. NAME OF CEMETE	e Mem. Park Do	CATION (City, town, or	recounty) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Jan Ox, Mix o	25. FUNERAL DIRECTOR	naldern	Jamel, Md
VS 150	496 49			46)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 2000

	BII		E OF DEATH Registered No.	
	1.	NAME OF DECEASED Thomas F. Whitson	2. DATE OF MAI	30-50
and Jan	Α,	PLACE OF DEATH: Baltimore City, Maryland 2020 Greenberry Road FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
7.	HC	OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, w	taumohin)
legibly		Yrs.	D. STREET ADDRESS (If rural, give location)	
leg	C.	Length of stay in Baltimore Mos. Days	2020 Greenberry Road	
y and	5.	Male White To Single Married (Specify Married)	last birthday) Month	Days Hours Min.
clearly	work	OA. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY INDUSTRY (INDUSTRY CONSULTING Eng. (retired) Self	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
death	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Lacar se
		Archibald H. Whitson	Matilda Casanave	
of	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give wer or dates of service) SECURITY NO.		1000
causes		2/2-18-8512A	Mrs. Hannah E. Whitson 2020	Greenberry
write the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH uslyil Cascinamatons	ONSET AND DEATH
please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	in of fauras?	2
ciar	Ē	(c)(c)		
Physicians:	CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	SAL	19A, DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE		YES NO X
important.	MEDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILL WORK AT WORK	ad A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  State B. COUNTY before admission)  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore (Mt. Washington by Baltimore)  To. STREET ADDRESS (If rural, give location)  2020 Greenberry Road  Sectify B. DATE OF BIRTH 9. AGE (In years Hunder I Year Midden I Year Min. Told Inc. Min. Martilda Casanave  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Lima Peru 14. MOTHER'S MAIDEN NAME Matilda Casanave  17. INFORMANT ADDRESS Rd. Mins. Hannah E. Whitson 2020 Greenberry  SE OF DEATH Inferval Between ONSET AND DEATH  Cascing Told Inferval Between ONSET AND DEATH  PERATION 20. AUTOPSY?  YES NO X  I. S., in or 21C. WHERE DID (If in Baltimore City, give exact location)  JURRED 21F. HOW DID INJURY OCCUR?  HILE INTERVAL BETWEEN ONSET AND INJURY OCCUR?	
especially		deceased alive on 19 attended the deceased from 19 and that death occur	5 New, 1950, to 30 New, 1950, t	ased lived. If institution: residence before admission)  Inporate limits, write RURAL and give township)  Location)  Location
0 Prod 0/3			23B. ADDRESS / 2	3c. DATE SIGNED
age	24 TIO		ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
ect		Burial   April 3,1950   DRUID RID		
correct	LC	ATE RECEIVED BY   REGISTRAR'S SIGNATURE		
	1	MAD 2 1 10 ED TO THE TOTAL TOT	HILLIAM COOK INC. TOTA SE. LE	ul Street

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Physicians: please write the causes of death clearly and legibly.

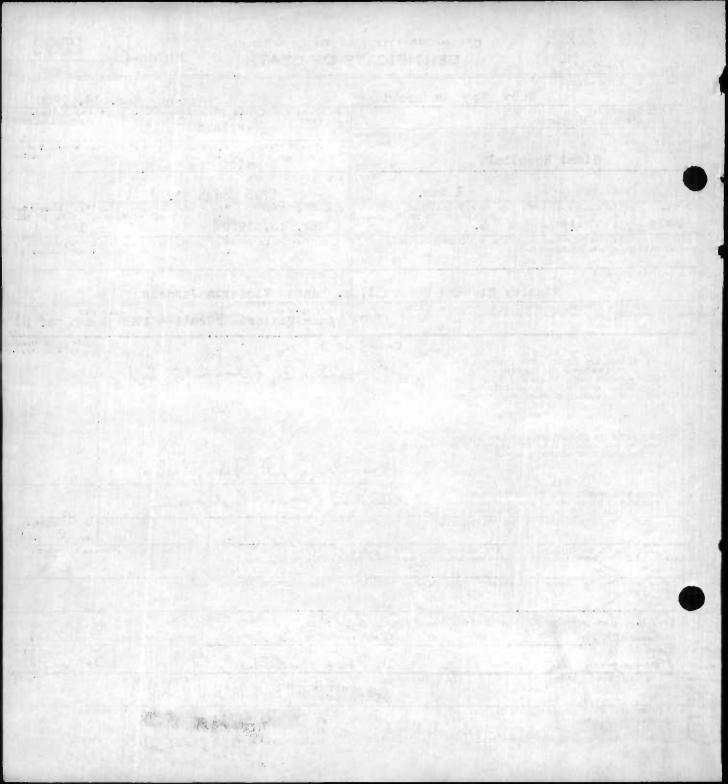
is especially important.

correct age

### CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

2992

В	RTH NO. JU	-05217		CERTIFICAT	L OI BEATH		
	NAME OF D					2. DATE OF	
		Ba	ру Воу	Wodarski		DEATH MA	r. 14, 1950
	Baltimore (	City, Maryland			4. USUAL RESIDENCE	B COLINITY	f institution : residence hefore admission)
В.	FULL NAME		al or institut	ion, give street address o		and	
	OSPITAL OR	04		location	c. CITY OR TOWN (I	f outside corporate lim	its, write BURAL and give
	-2	Sinai Hosp	ital		Balti		O 7
				Yrs. Mos.	D. STREET ADDRESS (1)	f rural, give location)	
		tay in Baltimore		L day. Days	1725 Got		
	SEX	6. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under I Yest   It Under 24 Hours   Inthis Days   Hours   Min.
	Male	White	S.		Mar. 13, 1950		1
1 C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
							WHAT COUNTRY
13	. FATHER'S		Day 1		14. MOTHER'S MAIDEN N	IAME	
		Stanle	y Rich	ard Wodarski,	r. Anna Victor	ia Jeromin	
15 (Ye	, mo or anknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	d- 2 1 2	ADDRESS
1	,			SECORITY NO.	Anna Victoria	rodarski 172	5 Gough St# 31
	18. 760	0.5		CALISE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	0	- 11		ONSET AND DEATH
		LEADING TO DEA	TH	· / re	moturate ( du	meturity)	
	neart lanu	ire, astnenia, ctc. It mes	ins the diseas	se,			
	injury or	complication which		a.) DUE TO			
7		ANTECEDENT CAUS	SES				
ō	DISEASE	S OR CONDITIONS,	F ANY, GIVII	(B)	•••••••••••••••••••••••••••••••••••••••	••••••	
AT	UNDERLY	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
ERTIFICATION				1 leme	mhore sut Fel	he Careloni	
F		11		(C)!			4
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U	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
J.	19A. DATE C	OF OPERATION V	9B. MAJUR	FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE	INT, SUICIDE,	21B, PLA	ACE OF INJURY (e.g.,	in or   21c, WHERE DID (	If in Baltimore City,	give exact location)
G	HOMICIDE	(Specify)	about home,	arm, factory, street, office bldg.	etc.) INJURY OCCUR?		,
Σ	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	OF INJURY	(===, (===,		WHILE AT   NOT WHILE		1 CCCCK1	
			m.	WORK AT WORK	13		
		y certify that I att			- /3 19 VU, to	3-14, 191	2, that I last saw the
	deceased al		_, 19 \	and that death occu	rred at 2 - Am., from t	the causes and on	the date stated above.
	23A. SIGNAT	TUREO B P	000-		238. ADDRESS	04	23c. DATE SIGNED
2/	A BURNAL (	CREMA- 24B, DATE	7 000 0	M. D.	PY OF CREMATORY SAR	660 TION (C)	3,14,7,
TIC	N, REMOVAL (S	pecify)		INAME OF CEMETE	DOKING MEDICAL SCHOOL MAN	R 3 (1950)	n, or county) (State)
-	ATE RECEIVE	D BY I DECISE	2 212111	ח חחטונ	ALIMIN MEDIANE DANGE MINI	1. 0 - 1000	
	CAL REGIST		SIGNATU	HI. O. Gran	25. FUNERALD REGION	ar ar likalth	ADDRESS
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ATTENDED STREET

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Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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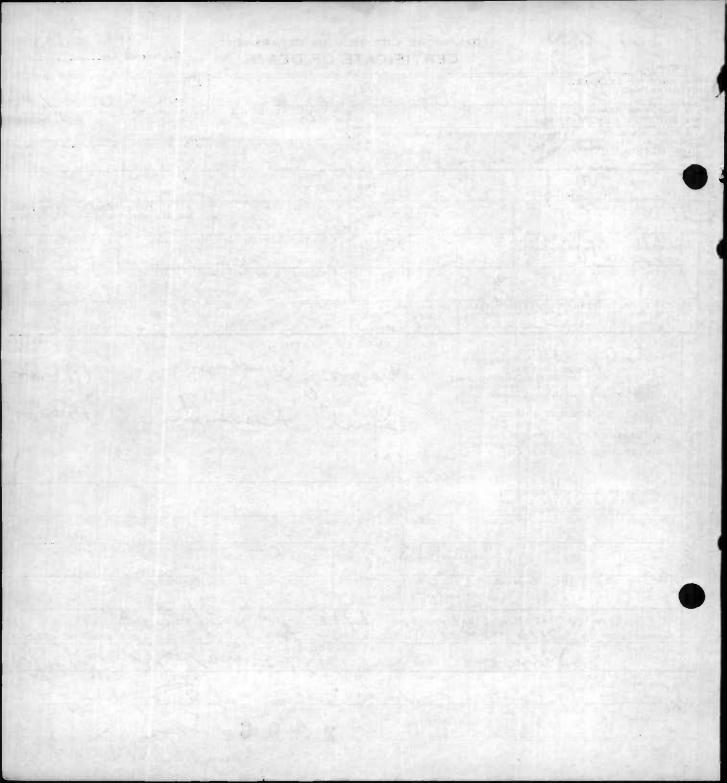
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В	RTH NO.			CERTIFICATI	E OF DEATH	Registere	d No.
	NAME OF D ype or Print)	Rosi	<u> </u>	EPSTEIN		2. DATE OF DEATH	3/31/50
A.		City, Maryland		tion, give street address or	4. USUAL RESIDENCE A. STATE Marylan	(Where deceased lived,	
H	OSPITAL OR ISTITUTION	Sinai	Hoy	pital location)	c. CITY OR TOWN Baltimore	If outside corporate li	mits, write BURAL and give township)
-		tay in Baltimore	43	Yrs. Mos. Days	p. STREET ADDRESS (2024 E Balt		
5.	Remale	6.COLOR OR RACE White	7, SINGLI WIDOW METT	E. MARRIED, VED DIVORCED (Specify)	B. DATE OF BIRTH Aug 21,1885	9. AGE (In years last birthday)	H Under I Year H linder 24 Hours Months: Days Hours Min.
1 C	HOUSE TI	CUPATION (Give kind of	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Russia	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	
		k Greenberg			Yetta ?		
(Ye	. WAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Morris Epstein	2024 E B	ADDRESS altimore St
CERTIFICATION	heart failu injury or  DISEASE! RISE TO T UNDERLY	in to mean the mode of the asthenia, etc. It mean complication which of anticomplication which of anticomplication which of anticomplication which of the above cause (A) (ING CONDITION LA) (ING CONDITION LA) (ING CONDITION CON	ns the disease aused death ses  F ANY, GIVII STATING TI.  ST.  TIONS COLONOT RELAT	NO.	itensive e	andis-vo Lar dise	LA -
				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PL	ACE OF INJURY (e. g., is farm, factory, street, office bldg., s	n or 21c, WHERE DID	(If in Baltimore Cit	y, give exact location)
	OF INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	22. I hereb deceased al		, 19.50.	and that death occur	7950, to red at 3 2 m., from 338. ADDRESS ,	the causes and or	the date stated above.  23c. DATE STONED
2.4 TH	4A. BURIAL, CON, REMOVAL (S	CREMA- 24B. DATE Decify) March 3			RY OR CREMATORY 24D. Cemetery Ba	LOCATION City, to	wn, or county) (State)
	ATE RECEIVE	RAR	SIGNATU	63/11A	25. FUNERAL DIRECTOR		ADDRESS North Ave

reservation and about the memorals A RANGE AND A STATE OF THE STAT CONTROL OF CONTRACTORS OF THE STATE OF 3-435-

## BALTIMORE CITY HEALTH DEPARTMENT

	В	RTH NO.			CERTIFICAT	E OF DEATH	Registereu	140
		NAME OF D	ECEASED	. 1	2		2. DATE ALL	1 1
	(T	ype or Print)	mar	4 L. Q	2 lattent	erees	OF DEATH POST	March 29 Bão
H.		PLACE OF D		7	12.12.0		ICE (Where deceased lived, 1	
5	-	FULL NAME	City, Maryland	tal or institut	ion, give street address o	A. STATE	B. COUNTY	before admission)
	H	OSPITAL OR			location		(If outside corporate limi	ts, write HURAL and give
	- IN	STITUTION	1114 76	onere	200.	1 BB-011	ruo d	township)
bly			100	1)	Yrs.	D. STREET ADDRES		
legibl	C.	Length of s	tav in Baltimore	Ti	Le Mos.	17/40	AR anova	CX -
q ]		SEX	6. COLOR OR RACE		MARRIED.	8 DATE OF BIRTH		It Under 1 Year   It Under 24 Houss
and	9	Lemal	marto	-7	ED, DIVORCED (Specify	Acc. 13/28	25 (4 last hirthday) M	onths Days Hours Min.
rly		A. USUAL OC	CUPATION (Give kindo	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
clearl	worl	Howsen	of working life, even if retired	ast	Han INDUSTR	Ba Phi	ios . ma	WHAT COUNTRY?
2	13	FATHER'S	/	1 00 1	00-19	14. MOTHER'S MAJE	DEN NAME	14-3-4-
death		1	Da			( )	6	
	15	. WAS DECEAS	ED EVER IN U. S. ARME		I 16. SOCIAL	oune va	enson	
3 of	(Ye	s, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT	Les Pares Pro	ADDRESS
causes	-	710	- m		nene -	Mully Deor	Control Hustr	ind- sand
cat		18. 47	0.1		CAUSE	OF DEATH	1	INTERVAL BETWEEN
the		DISEA	SE OR CONDITION		P	- (1) =	clusin	M. ha
(0)		(This does	s not mean the mode are, asthenia, etc. It me	of dying, e. s	in (A) CING	M/Z CX		11/14/10
write			complication which			0	1 -	
			ANTECEDENT CAU	SES	0	0 1000		15 mm
please	Z	DISEASE	S OR CONDITIONS,		(B) 101	M De		
ple	Ĕ	RISE TO	THE ABOVE CAUSE (A	STATING TH				
ls:	CA	ONDERL	YING CONDITION L	AST.				
Physicians:	E		The state of the s		(C)			
ysic	R		SIGNIFICANT CONE					
Ph	S		G TO THE DEATH, BUT					
		19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
ant	CA							YES NO L
important.	EDI	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., arm, factory, street, office bidg.			give exact location)
du	ME							
		OF INJURY	(Month) (Day) (Year	,	21E. INJURY OCCURF		NJURY OCCUR?	
al.				m.	WORK NOT WHILE		3/	
especially		22. I hereb	y certify that A at	tended the	deceased from 3	118 1950	to 129 19	that I last saw the
dsa		deceased a	- 7/25		and that death occu		rom the causes and on t	
ಶ್ವ		23A. SIGNA	TURE X			23B. ADDRESS	1.10 00 /	23C. DATE SIGNED
9			2800	لمادم	м. р.	1072-	NENN	3/30/12
20		A. BURIAL,			24c. NAME OF CEMET	ERY OF CREMATORY	24D. LOCATION (City, town	i, or county) (wente)
ect		Durias	e Had. ass	1,1950	Ledos Ho	ile Cem.	a.a. Co.,	may
correct		TE RECEIVE	RAR	SIGNATU	RE BUR M. W.	25. FUNERAL DIREC	CTOR P	ADDRESS
0	M	110 1 1 1 1 1	DU MANA ANG	Jan Line	0	1 thous	nd Evans	9.10
		VS 150				10 - 0 01	101100	4 3 1 4 1
	1					14002. Ch	arlost Bal	10.30, mg
								/



### H DEPARTMENT DEATH

Registered No\_

20 6000	BALTIMORE CITY HEALT
BIRTH NO.	CERTIFICATE O
1. NAME OF DECEASED (Type or Print) Michaela.	veller
3. PLACE OF DEATH:	Δ

2 DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY

A. Baltimore City, Maryland Baltimole B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION

A. STATE before admission) DALTIMURE C. CITY OR TOWN (If outside corporate limits, write RURAL and give

DON SECOURS

1 ARULAHD D. STREET ADDRESS. (If rural, give location)

c. Length of stay in Baltimore

23 elvedoro live

5 SEX 6. COLOR OF RACE

WIDOWED DIVORCED (Specify)

9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. 8 DATE OF BIRTH

10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired

108. KIND OF BUSINESS OR INDUSTRY

Yrs.

Mos.

Davs

11. BIRTHPLACE (State or foreign country)

LDIMARE

12. CITIZEN OF WHAT COUNTRY

ADDRESS

HEMPRICHAGE

Calraiteracin of 13 and 5 13. FATHER'S NAME

7. SINGLE, MARRIED

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoowo) | (If yes, give war or dates of service) (Yes, oo or ookoowo)

16. SOCIAL

17. INFORMANT

and

ਹ

death

the

Write

Com

SECURITY NO

MARO.

wellbe 8036 Belvederalog CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g.,

beart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

DUE TO (B) ARTERIOSCIEROTIZ HYDERTENSION

EREBRO - VASCULAR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) ...

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

218. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21c. WHERE DID

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from. 1950 to , 1950 that I last saw the , 1950, and that death occurred at 250 129 deceased alive on\_ Pm. from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS 23c. DATE, SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

24D. LOCATION (City, town, or county)

22/50

1 Sulical DATE RECEIVED BY 50

edcenser consoler

Ballemore

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25, FUNERAL DIRECTOR

ADDRESS

VS 150

age

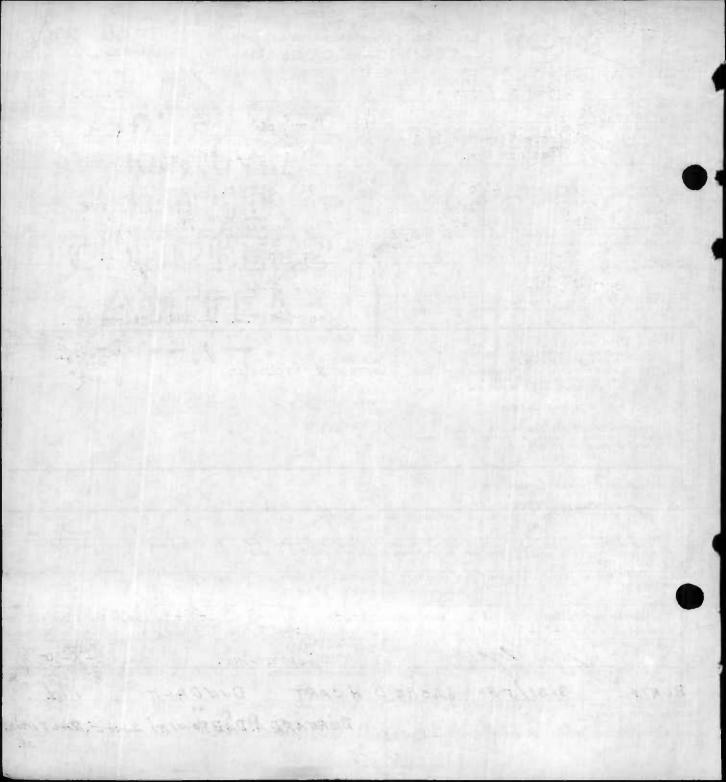
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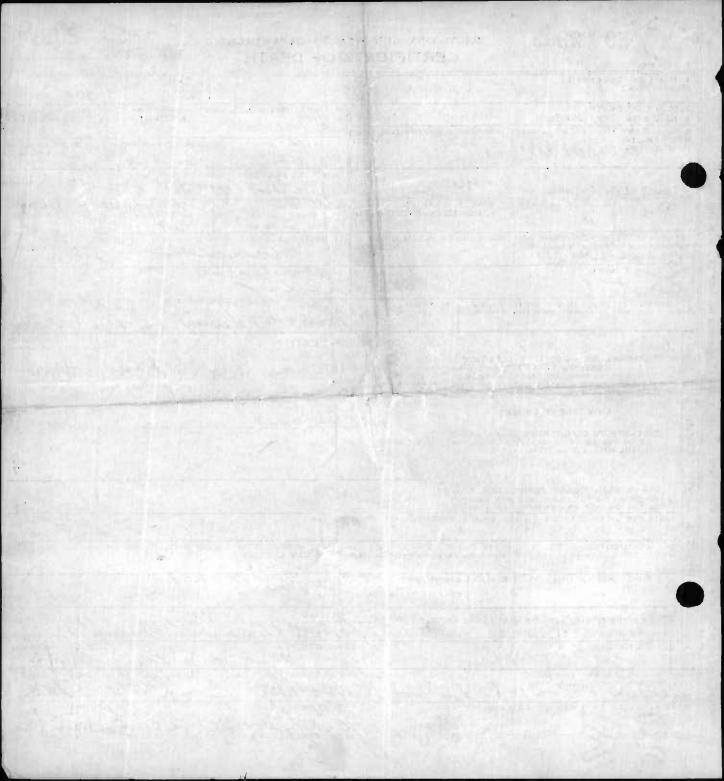
TH55 50 2998

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 2998 Registered No.

В	IRTH NO.				_ 0. DZ/		
1.	NAME OF DEC	EASED AN	NA KO	CMAN		2. DATE OF DEATH	3-30-50
	. PLACE OF DEA Baltimore Cit				4. USUAL RESIDENCE (		If institution; residence hefore admission)
H	FULL NAME OF OSPITAL OR NSTITUTION	(If not in hospit	$\wedge$	on, give street address or location)		If outside corporate fir	nits, write MORAL and give township)
C	. Length of stay	y in Baltimore	0 44	Yrs. Mos. Days		f rural, give location)	1 #17.
5	. SEX	COLOR OR RACE	7. SINGLE WIDOWI		8. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
Wor	OA. USUAL OCCU	JPATION (Give kind of orking life twen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
1:	S.FATHER'S NAI	ME			14. MOTHER'S MAIDEN N	NAME	V
(Y	5. WAS DECEASED es, no or nuknown)	EVER IN U.S. ARMEI (If yee, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Morris Koli	var 25/1	Luden Coo
	(This does no	OR CONDITION EADING TO DEA ot mean the mode of	TH of dying, e.g.	. Brond	OF DEATH	LORML	interval Between onset and death.
NOI	injury or ed	asthenia, etc. It mes omplication which o	eaused death.	(B) adeno	mata Thyroid		unphroson
FICATIO	RISE TO THE	OR CONDITIONS, I ABOVE CAUSE (A) NG CONDITION LA	STATING TH	E DUE TO			
CERTIF	TRIBUTING T	II SNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATED				
AL	19a. DATE OF	OPERATION 2	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC/	21A. ACCIDENT HOMICIDE	T. SUICIDE. (Specify)		CE OF INJURY (e. g., i. rm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)
M	21D. TIME (MO	onth) (Day) (Year)	W	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereby of deceased aliv	certify that Latt	ended the		3/7,50 19 , to red at 130 m., from	3/30/30 , 19	, that I last saw the the date stated above.
2	23A. SIGNATU	EMA-I 24B. DATE	bohen	M. D.	BE ADDRESS WAS A	Della fer	30 50
Z	REMOVAL (Special Received	J-3/	-40 N	Vehrew Re	WWY WILL AS. FUNERAL DIRECTOR	Hat	the territory
L	OCAL REGISTRA	R 49	ington /	Migues	sex Lews a	c 21000	Section 16
	VS 150		7	3 0	4		107



correct age is especially important. Physicians: please write the causes of death civary and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2999

BIRTH NO.		CE	ERTIFICAT	E OF DEATH	Registered N	0. 2000
1. NAME OF DEC (Type or Print)	LEASED LEA	H	RiT	7	2. DATE OF DEATH 3-	30-50
3. PLACE OF DEA	ty, Maryland 🔏 Y	476 Sh	urley a	P. STATE	(Where deceased lived, If i	nstitution: residence before admission)
B. FULL NAME O HOSPITAL OR INSTITUTION	MH Care	wel n	give street aldress of location		(If outside corporate limits	, write RURAL and give township)
	ia cara	+	O Yrs.	D. STREET ADDRESS	(If rural, give location)	(a)
c. Length of sta		N	Je Mos. Days	114020	erulul	ceve
Eurale	White	seken	DIVORCED (Specify	8. DATE OF BIRTH		Under I Year I I Under 24 Hours this Days Hours Min.
worldone during most of	UPATION (Give kind of working ) (fe, even if retired)	leady	INDUSTR WEO	11. BIRTOPLACE State	core Md	12. CITIZEN OF WHAT COUNTRY?
Morri	s Tha	hirb	HANDUE(R)	Mary MAIDE	EN NAME	
(Yes, no or unknown)	(If yes, give war or dates	FORCES? 16 of service)	SECURITY NO.	1) INFORMANT REFECCE A	hopere 4502	Joseph Sellin
18. / 75	×		CAUSE	OF DEATH		INTERVAL BETWEEN
	OR CONDITION I		4	. ac Careen	me Va.	
(This does not heart failure	not mean the mode of a asthenia, etc. It mean complication which co	f dying, e.g., as the disease,	(A) .OLAN	es como		1/2- 425
	NTECEDENT CAUS		P			
RISE TO TH	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA:	STATING THE	(B) Autoford	Ile-calue-C	arcesona y ova	7.
OTHER SIG	11		(C)			
TRIBUTING	GNIFICANT CONDITO THE OBATH, BUT I	NOT RELATED				
19A. DATE OF	OPERATION 19	B. MAJOR FIN	IDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDEN HOMICIDE	IT, SUICIDE. (Specify)		OF INJURY (e. g., actory, street, office bldg.		(If in Baltimore City, g	
21D. TIME (M	Ionth) (Day) (Year)	WHILE			JURY OCCUR?	
22. I hercby	certify that I atte	m.   wor	0.	R 76 2 1802 to	mack 30,195	that I last saw the
deceased alia	ve on Mark 3		that death occu		om the causes and on th	e date stated above.
23A. SIGNATU	Beenaes	y Coker	М. Д.	- Marehore	d, asky	3-3125U
24A BURIAL, CR TION REMOVAL (Sp		50 He	press de	rung kun	4d. LOCATION (City, town,	or county) (State)
DATE RECEIVED LOCAL REGISTR	BY REGISTRAR'S	SIGNATURE	iams, hy	fall leur	1 De 2100 6	inta A
VS 150		100	298 65	12 7 7 7		49a

The state of the s

# CERTIFICATE OF DEATH

50
Registered No.

BIRTH NO.			CERTIFICAT		~ A I I		
(Type or Print)	ANI				3 8 6 20	of Mare	ch 29, 1950
3. PLACE OF A. Baltimore	City, Maryland 21	Ol Cold	Spring Lane	4. USUAL RE	and the support	here deceased lived.  B. COUNTY	
B. FULL NAMI	E OF (If not in hospit	al or institut	ion, give street address or			4	
	Cold Spring	Con. H	lome	C. CITTOR I	- m		mits, write RURAL an
c. Length of	stay in Baltimore	55 y	Yrs. Mos. Days	D. STREET AL			
5. SEX female	6. COLOR OR RACE	WIDOV	VED, DIVORCED (Specify)			9. AGE (In years last birthday) 79	h Under 1 Year   If Under 2 Months Days Hours
10A. USUAL C	tof working life, even if retired)		INDUSTRY			oreign country)	12. CITIZEN OF WHAT COUN U.S.
		CL (	) Home			A M F	0.5.
TOTAL O		n		141.110111211			
15. WAS DECEA	SED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.			, son, 3026	ADDRESS Edgewood Av
RISE TO UNDER	ES OR CONDITIONS, I	F ANY, GIVI	NG HE DUE TO				
LI TRIBUTI	NG TO THE DEATH, BUT	ŁD					
19A. DATE		9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPS
13	DENIE CUICUE	I as Di	ACE OF INJURY (	in call 21c WHE	PE DID (	If in Reltimore Cit	YES N
		about home,	farm, factory, street, office bldg.			if in parimore or	y, gric caaco jocation
		(Hour)			DID INJUR	Y OCCUR?	
		m.	WORK AT WORK				
22. I her	eby certify that I at	tended the	deceased from 74	h - 15	19 76, to 1	nurch 29, 19	that I last sa
deceased	alive on March	1, 1950	and that death occu	rred at 3 P.	m., from t	he causes and or	n the date stated a
(1/2	K 16		- 1		Amen	ndon A	23c. DATE SIC
T. NAME OF DEEASED TOPS OF Pint)  3. PLACE OF DEATH 3. PLANE OF DEATH 4. BAILMAND OF (If not in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in beoptial or institution, rive street soldings of the pint in			wn, or county) (S				
DATE RECEIV	ED BY REGISTRAR	SSIGNAT	URE	Schimunel	DIRECTOR		Beltimore, M
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VS 150					aule	son St.	97

